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CAP-MALARIA
CONTROL AND PREVENTION OF MALARIA

CONTROL AND PREVENTION OF MALARIA PROJECT (CAP-Malaria) Monitoring and Evaluation (M&E) Plan

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List of Abbreviations

ACT	Artemisinin-based combination therapy
ATL	Assistant Team Leader
BCC	Behavior change communication
BLN	Banlung OD
BMC	Banteay Mean Chey
BTB	Battambang
CAP-Malaria	Control and Prevention of Malaria Project
CIF	Case Investigation Form
CMS	Cambodia Malaria Survey
CNM	National Malaria Control Program
D3(+)	<i>Pf</i> case with parasite detected three days after ACT treatment
DDF	Department of Drug and Food
DHO	District Health Office
DOT	Directly observed treatment
DQA	Data quality assessment
EDAT	Early diagnosis and treatment
FDH	Former district hospital
F-indicator	Foreign Assistance Indicators for the US Government
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HC	Health center
HF	Health facility
HIS	Health information system
IPC	Interpersonal communication
IR	Intermediate result
ITN	Insecticide treated net
LLHIN	Long-lasting insecticide treated hammock nets
LLIN	Long-lasting insecticide treated nets
M&E	Monitoring and evaluation
MDK	Mondulkiri
MIS	Malaria information system
MMP	Mobile migrant population
MOH	Ministry of Health
MRS	Maung Russey
NMCP	National Malaria Control Program
NTG	National Treatment Guideline
OD	Operational district
ODC	Operational district coordinator
ODMC	Odar Meanchey
ODMS	Operational district malaria supervisor
P mix	<i>Plasmodium</i> mix infection
PC	Provincial Coordinator

<i>Pf</i>	<i>Plasmodium falciparum</i>
PHD	Provincial Health Department
PIRS	Performance Indicator Reference Sheets
PL	Pailin
PMI	President's Malaria Initiative
PMS	Provincial malaria supervisor
PPT	Poipet
PST	Pursat
PSWGME	Provincial Special Working Group for Malaria Elimination
<i>Pv</i>	<i>Plasmodium vivax</i>
QA	Quality assurance
QI	Quality improvement
RC	Regional Coordinator
RDMA	USAID Regional Development Mission in Asia
RDT	Rapid diagnostic test
RH	Referral hospital
RNK	Ratanak Kiri
SI	Strategic information
SMNR	Sen Monorum
SNK	Sothnikum
SPL	Sampov Loun
SPM	Sampov Meas
SR	Samrong
SRP	Siem Reap
STT	Stung Treng
TA	Technical assistance
TBD	To be determined
TFU	Treatment follow-up
TL	Team Leader
TPK	Thmar Pouk
URC	University Research Co., LLC.
USAID	U.S. Agency for International Development
USG	U.S. Government
VBDU	Vector Borne Diseases Unit
VMW	Village Malaria Worker

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1. INTRODUCTION

This document presents a Monitoring and Evaluation (M&E) plan for the Control and Prevention of Malaria Project (CAP-Malaria) for the period October-2011 to September-2016.

1.1 Context

Scale-up of LLIN distribution and expansion of malaria test and treatment services at the community level resulted in large reduction in the overall malaria burden in Burma, Cambodia, and Thailand. However, active transmission foci remains in forest fringed areas and border areas. Another challenge is the spread of Artemisinin Resistant Malaria (ARM) as evidenced by the prolonged parasite clearance times reported in hotspot areas on the Burma-Thailand and Cambodia-Thailand.

Populations along border areas or in forest and forest-fringe areas experience higher risk for malaria. Occupational activities are significant risk factors, with individuals working in rubber plantations, logging and other forest-focused activities. Malaria control efforts in these areas are complicated by their remote locations, low accessibility of health services, high population mobility, and a thriving informal sector for substandard and counterfeit medicines.

1.2 Project Description

CAP-Malaria's goal is to reduce malaria morbidity, mortality and prevent the spread of drug-resistant malaria. CAP-Malaria strives for systematic prevention and control of malaria and ARM in Cambodia, Thailand, and Burma. In Year 4, the project scope has expanded to include introduction of basic essential package for malaria pre-elimination in Sampov Loun (SPL) OD, Cambodia.

The project's **development hypothesis** is that the spread of malaria and ARM transmission can be reduced through scaling-up of preventive intervention (LLIN distribution), improving quality of early diagnosis and treatment, strengthening community-based surveillance system, and increasing use of strategic information for decision-making and strengthening services for vulnerable populations including migrant groups who often have limited access to the existing public health system, placing them at higher risk of contracting and spreading malaria including ARM.

The project fits with the USAID/Regional Development Cooperation Strategy for Asia 2014-2018 under the Development Objective 2: Vulnerable Populations more able to address risks that transcend border.

CAP-Malaria **strategic objectives** include:

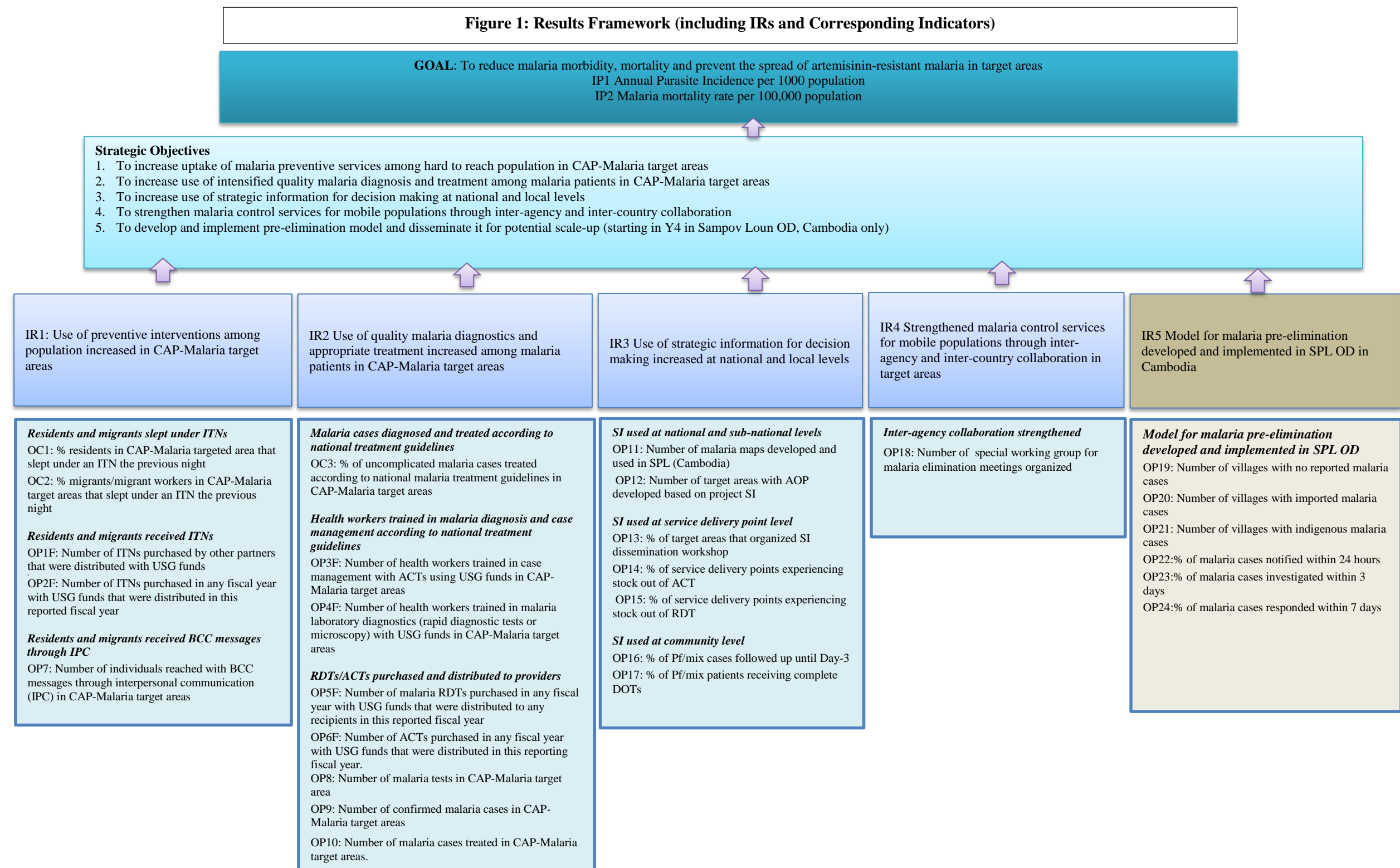
1. To increase uptake of malaria preventive services among hard to reach population in CAP-Malaria target areas
2. To increase use of intensified quality malaria diagnosis and treatment among malaria patients in CAP-Malaria target areas
3. To increase use of strategic information for decision making at national and local levels
4. To strengthen malaria control services for mobile populations through inter-agency and inter-country collaboration
5. To develop and implement a pre-elimination model and disseminate it for potential scale-up (starting in Y4 in Sampov Loun OD, Cambodia only)

Project activities include increasing coverage of prevention and quality of diagnostic and treatment, BCC focusing on interpersonal communication (IPC), monitoring of LLIN coverage and use, improvement of the supply chain for key malaria commodities and equipment to service delivery points, training and supervision of health staff in diagnostics and case management with Artemisinin Combination

Therapy (ACT). CAP-Malaria target areas are located in Tier 1 (areas with evidence of ARM) and Tier 2 (areas with probable ARM or that share borders with Tier 1), especially along international border areas.

The project activities will enhance the capacity of Burma, Thailand and Cambodia to mitigate public health threats through strengthened health systems to address malaria and improved access to quality malaria services among migrant and other vulnerable populations. The project results will contribute toward indicators reported under the Office of Public Health which are:

- 1) % of vulnerable individuals with positive test results who follow appropriate treatment regimen;
- 2) number of health workers who graduated from pre-service and in-service training as a result of USAID assistance; and
- 3) number of vulnerable individuals who use health services provided through USAID support.



2. GUIDING PRINCIPLES

The M&E plan is designed to provide support to the project to: ensure the timely management of reporting requirements; progress tracking; data quality; dissemination; and capacity building. It provides a logical framework that organizes the project goal, objectives and outputs with associated indicators and includes a rationale for selection of each of the indicators. It identifies a monitoring strategy, including relevant indicators, data sources and monitoring processes. The plan also outlines the management and administration of the monitoring strategy, including a description of the roles and responsibilities of key staff; procedures for reporting and assessing data quality and processes for revising the M&E plan.

A tool for continuous improvement: This M&E plan has been developed to enable CAP-Malaria to actively and systematically assess the progress of its activities, identify effective or ineffective interventions, and to take corrective actions when necessary.

Strategic information - informed decision-making: This M&E plan is designed to inform management decisions. The analysis of chosen indicators will inform project planning and provide data to demonstrate CAP-Malaria's theory of change (see section 3) and inform strategic planning and goal setting in collaboration with the national malaria control programs (NMCPs).

Transparency: To increase transparency, data quality assessments will be conducted both internally by the CAP-Malaria team and our counterpart and externally by the RDMA team with the goal of documenting any known limitations in the M&E plan and making adjustments including to indicators as necessary.

Economy of efforts: When selecting indicators, efforts are made to reduce the burden of data collection and reporting. Data collection for each of the indicators builds on the existing reporting system, with the active involvement of NMCP. In addition, the usefulness of all indicators is considered to ensure that any data collected are useful in decision-making and performance management improvement.

Participation: In Cambodia, the M&E plan is developed in a participatory manner based on joint annual operational plans (AOPs) submitted from target operational districts (ODs) in consultation with project teams at country, URC HQ and RDMA levels. In Thailand and Burma, the plans are shared with counterparts and efforts will be made to more closely involve the NMCPs as we move forward.

M&E processes tailored to each country, complementary to project work plan: This plan complements annual work plans and facilitate the tracking of data for key performance indicators relevant to the activities. While similar, activities are not identical across the three countries – these differences will be reflected in the inclusion and exclusion criteria of the indicators as described in the performance indicator reference sheets (PIRS). The structures for M&E are also somewhat different in the three countries, given the different operational contexts.

In Cambodia, the project is strongly integrated with the NMCP's strategies, and the M&E activities include quality assurance of national HMIS which is also used in the project at the OD level.

In Burma, the work plan is well in-line with NMCP strategies, the M&E activities are mostly project-specific and data collection is done by project staff which is then submitted to the NMCP for inclusion in the national MIS.

In Thailand, the work plan activities are also in-line with the NMCP strategies, the M&E activities are mostly project-specific depending on the activities. LLIN distribution data are collected and recorded by project staff and submitted to NMCP, while case management activities supported directly and indirectly by CAP-Malaria is fully integrated into the MIS, from data collection, data entry and data aggregation.

3. THEORY OF CHANGE

Limiting the transmission of malaria is crucial to prevent the spread of malaria, and may also contribute to avoiding the spread of drug-resistant strains.

Increased use of effective preventive interventions, such as the use of ITNs, which limit exposure of humans to mosquitoes, is vital to reducing malaria transmission. It is essential to increase ITN coverage and use through targeting behavior change communication with a focus on interpersonal communication (IPC). Reaching hard-to-reach groups and mobile populations is of particular importance.

Prompt detection and quality treatment with effective drugs (ACT) in the correct dosages can help improve patient's outcome, reduce transmission, and decrease opportunities for resistance to develop. Treatment with quality-assured ACTs is vital to ensure that the parasite is quickly eliminated from the malaria patients. Additionally, accurate diagnosis is important to avoid unnecessary treatment of incorrectly identified cases and to prevent failure to treat the true malaria cases.

Increasing the availability of RDTs through improving logistics management and strengthening health providers' diagnostic skills are important to ensuring early and accurate diagnosis. Educating health care workers and volunteers on the importance of quality diagnostics and case management will help ensure that ACTs are not given unnecessarily, and that treatments with sub-standard anti-malarial or mono-therapies are prevented.

Also of significant importance is the communities' ability to recognize signs of malaria infection and to promptly seek health care from trained providers. Behavior change communication can help raise community awareness about malaria and encourage optimal preventive and health-seeking behaviors.

Collection, analysis, and use of strategic information to inform project plans and strategies, such as baseline surveys, focus group discussion and interviews of target population, and quarterly project tracking of performance indicators and supervision visits to identify operation bottlenecks. Use of strategic information allows CAP-Malaria and counterparts at the national and local levels, and communities to respond more effectively to the needs of the vulnerable population. Such efforts include joint performance monitoring of activities and operational challenges, monitoring of malaria trends (monthly and quarterly), entomology surveillance and other special studies. Information is discussed at the quarterly stakeholders meetings at various levels.

Addressing mobile population needs through strengthened inter-agency collaboration for better malaria services, LLIN distribution, BCC message through IPC, not only speaks to their needs, but also protects the population at large; in other words, if the mobile population remains uninfected, they reduce the chances of wider transmission.

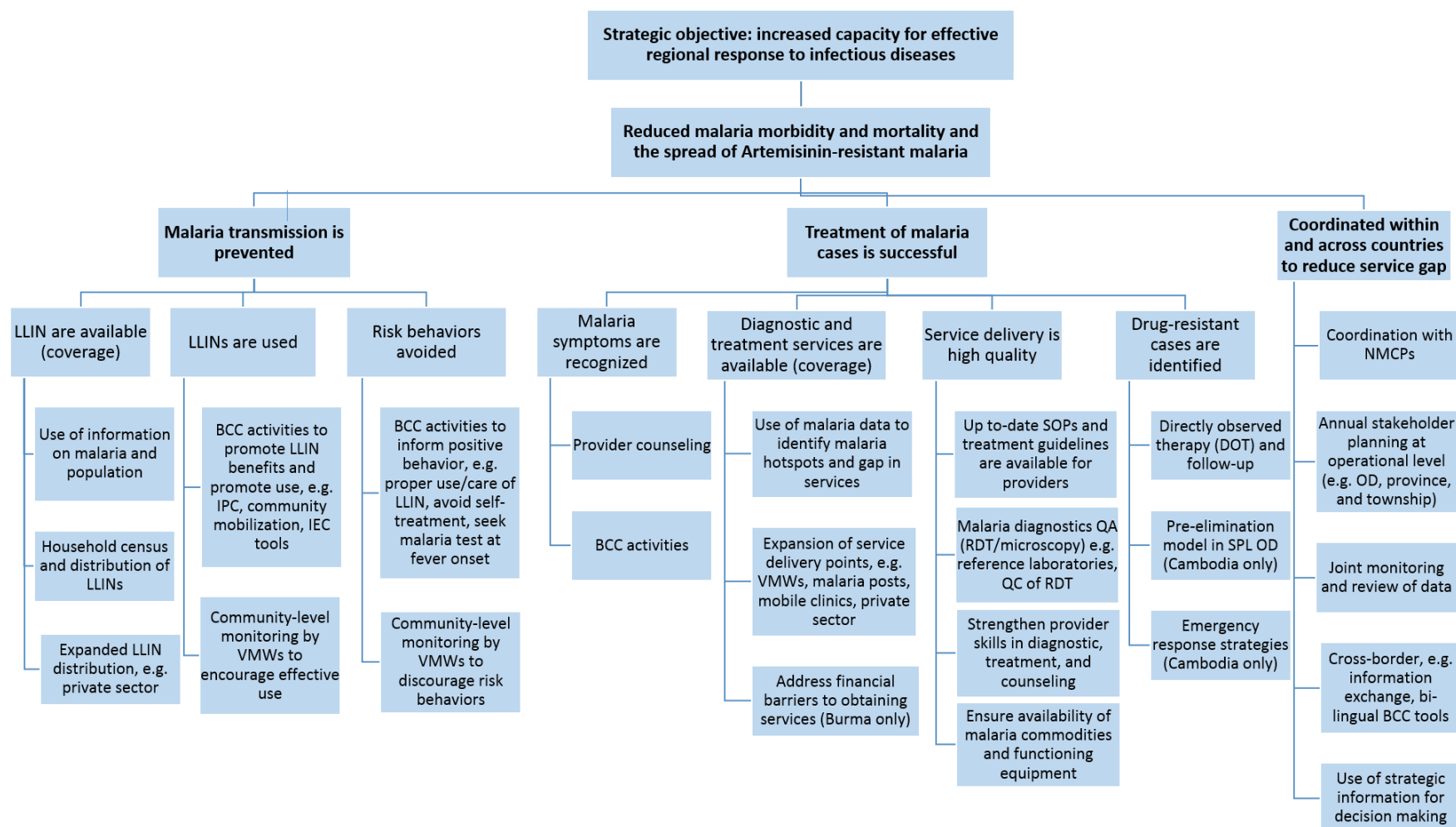
Capacity building and health system strengthening underlies all efforts to prevent the development and spread of drug-resistant malaria. Of critical importance is building the capacity of NMCP to

manage and monitor malaria control activities. Effective logistics and supply chain management are necessary to ensure the availability of ITNs, RDTs and ACTs at service delivery points.

The framework includes indicators requested under the Foreign Assistance (F-plan). The F-plan is a common framework shared by USAID and the U.S. Department of State for all funded interventions. CAP-Malaria has adopted the F-indicators directly from the PMI M&E plan and has developed additional project-specific indicators to measure and keep track of its performance. These are described further in the results framework, as well as in the indicator and targets section of this document (section 5) and are fully defined in the project indicator reference sheets (PIRS). Moreover, selection of the indicators was informed by USAID/RDMA's 2008 Infectious Disease Performance Management Plan. These indicators are already well-established in the CAP-Malaria M&E system.

Figure 2 illustrates how CAP-Malaria's activities are implemented to achieve the project's intermediate results that in turn meet the strategic objectives and ultimately the project goal. It also shows how various key activities are expected to contribute to outputs, outcomes and to the project intermediate results.

Figure 2: The Theory of Change



4. PLAN FOR ACTIVITY MONITORING AND EVALUATION

4.1 M&E structures, functions, and capabilities

The CAP-Malaria project has a team of M&E professionals led by an M&E regional team based in Cambodia that oversees overall M&E management for the three countries and liaises with other stakeholders including implementing partners, sub-grants, NMCPs and MOHs. Country M&E team include technical team in Yangon and Bangkok, and Team Leader or Field Coordinators in the townships and provinces, respectively.

Regional M&E team

The regional M&E team, in consultation with project management and URC headquarter, works with the country M&E teams to develop M&E tools, including indicator lists, data collection forms, and standard project progress report formats. In addition, web-based project data management information systems (PMIS) was also developed for Cambodia. They identify training needs and organize M&E coaching for CAP-Malaria staff and its counterparts in target areas as needed.

The regional M&E team consists of a director, advisor, and officer.

1. The Regional M&E Director oversees and leads the entire M&E team and process. He/she ensures that the M&E plan is implemented as per the work-plan. He also makes sure that methodologies used for collecting data, whether primary or secondary, reflect universally applied quality standards for evidence-based approaches. The Regional M&E Director is the focal point between the project, the donor, and counterparts on issues relating to M&E.
2. The Regional M&E Advisor provides M&E orientation and coaching for project coordinators based at provincial and district levels. On-the-job support is given remotely through Skype, e-mail, and team-viewers software to the Thailand and Burma teams. He/she also conducts coaching for the country M&E team on RDQA. In Cambodia, he/she works closely with the MOH HIS team to organize routine data quality assessment (RDQA) coaching for counterpart staff in charge of HIS and MIS at provincial, district and at health facility (HF) levels. He/she reviews and verifies web-based monthly progress reports from all target ODs, provides feedback on data quality, guidance and technical assistance to improve data quality and reporting performance.
3. The Regional M&E officer will oversee the project's online data collection system as well as USAID's web-based training database (TraiNet). He/she assists in data verification, data input and data management process. In Cambodia, he/she works with NMCP to expand the SMS system at the community level and local health facilities, with linkages to the national SMS for real time data sharing, mobilization of case responses, and use for decision making.

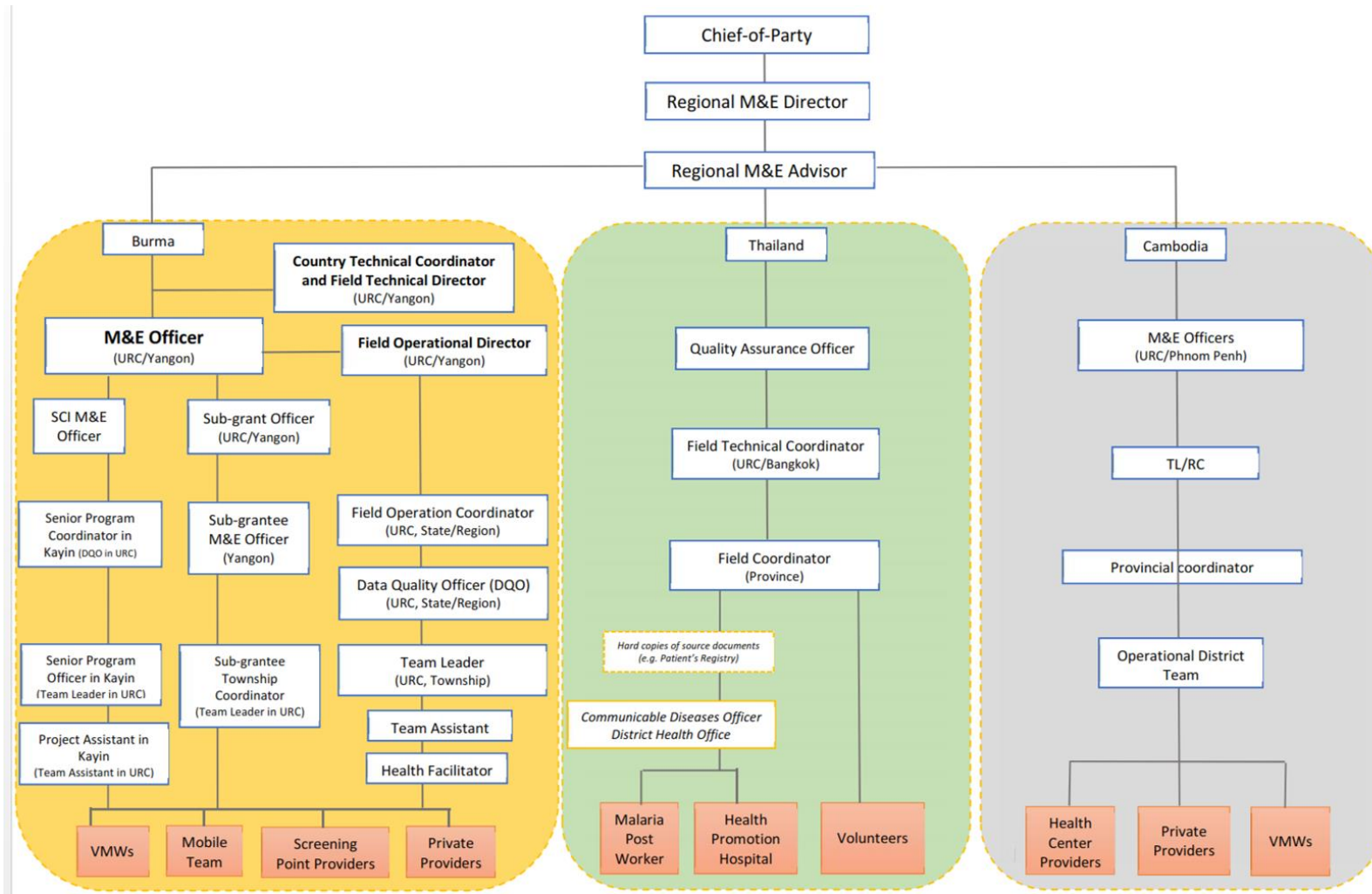
Country M&E teams

In all three countries, CAP-Malaria has M&E team members at each level of data aggregation from the field-level, the regional/state level, the central level, and the project level, who participate in the M&E process from collection, verification, entry, management, and analysis of data and synthesis of information. In the three countries, quarterly project review meetings of technical and implementing staff (or as needed) are organized to discuss achievements and challenges and to map the way forward.

For each country, a designated M&E staff from each country serves as the focal point for the M&E activities and communicates with the Regional M&E team. The M&E country teams work with the Regional team and the management team to develop data collection tools and supervision tools for each country and ensure that appropriate information relevant to project indicators are collected and analyzed. The country teams also work with the local health systems to strengthen technical supervision of health staff and volunteers.

Figure 3 provides a comprehensive scheme that describes the CAP-Malaria organizational system structure.

Figure 3: CAP-Malaria M&E Organizational Chart



4.2 Data quality and flow: sources, collection, management, analysis and reporting

Data sources

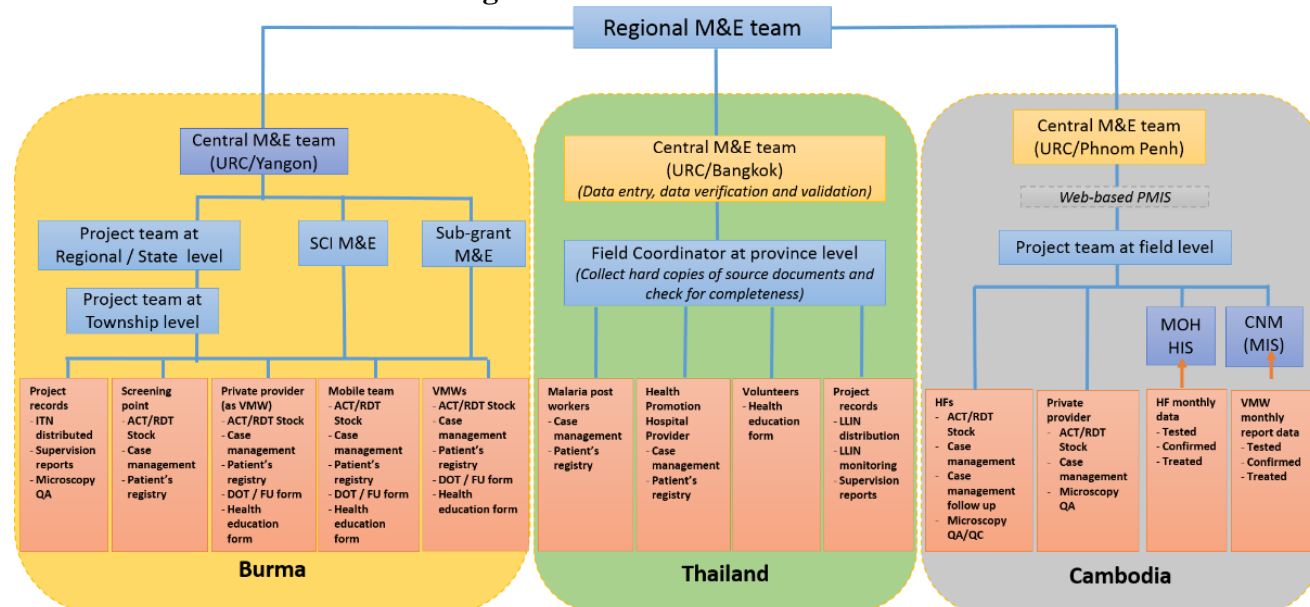
There are two main sources of data: primary and secondary.

Primary data sources – CAP-Malaria M&E activities are developed to integrate into the government system as much as possible, such that standard data collection tools are applied, particularly for activities relating to case management (including diagnostic test and treatment services). These include patient registry, DOT and FU form. In some cases, tools developed either by CAP-Malaria to ensure that additional information is collected to monitor project indicators such as LLIN distribution and monitoring of LLIN use. Special data collection tools also include baseline and end line survey which will be used to assess outcomes of key project intervention. Additional primary data sources include tools used for special assessment activities for situation analysis and activity planning such as focus group discussions and case interviews. Templates of primary data sources used by the project are shown in Annex 3.

Secondary data sources – CAP-Malaria utilizes secondary data sources throughout the project planning and implementation of activities to best fit the local epidemiology and contexts. Secondary data includes data and information collected by government agencies and stakeholders. These include national databases such as MIS and HIS, population census, and national malaria indicator surveys. To increase flexibility and real-time use of information and malaria responses, local data and information are also utilized. These include aggregation of MIS and HIS information, Annual Operation Plan (AOP) or local health work plan, activity reports from local stakeholders, local implementers, PMI partners and community. CAP-Malaria also utilized technical reports and special reports generated from international agencies such as migrant mapping surveys and relevant research studies.

Data collection and flow

Data collection and flow can vary slightly in the three countries given their different operational contexts. Key features of primary source data flow in the three countries are shown in Figure 4.

Figure 4: CAP-Malaria Data Flow

In general, primary data are generated by service providers which include HF staff and volunteers, or directly by CAP-Malaria staff during the implementation of the activities: LLIN distribution, health education, malaria testing, and malaria treatment and follow-up of patients. To address the bottle neck of data collection and reporting, CAP-Malaria supports routine monthly meetings and joint supervision of volunteers¹ together with HF staff (whenever possible) to monitor and collect primary data source.

Flow of primary data (case management) – Primary data source for case management is based on national standard forms. Service providers (volunteers, HF staff or CAP-M staff) generated data using the patient registry form which is monthly collected with support from CAP-Malaria. Once patient registry is collected, hard copies are turned over to the designated government staff (data entry staff) at the lowest aggregation level of the health system (sub-district for Thailand and operation district for Cambodia) or by CAP-Malaria township staff for Burma, who transfer case-base data from paper-source to electronic source. In Burma, CAP-Malaria provides a summary of monthly case management data in project area to the Township Medical Office (TMO) for aggregation and reporting to the national MIS.

Copies of case management data sources generated with CAP-Malaria support are also kept at project field offices and transferred into electronic database by CAP-Malaria staff in all 3 countries for validation, verification, analysis, reporting and utilization. CAP-Malaria program in Burma and Thailand utilizes Microsoft Excel

¹ In this M&E plan, volunteers are all community level volunteers or workers engaging in malaria testing and treatment services. They are called Village Malaria Workers (VMWs) in Burma and Cambodia, or Malaria Post Workers (MPWs) in Thailand. In Burma, private providers may be recruited as volunteers. In Cambodia, private providers are recruited to participate in patient referral to the nearest health facility or VMW.

spreadsheet for project databases, while in Cambodia Web-based Project Management System is used (PMIS).

Flow of primary data (LLIN distribution, HE and other project activities) – Non-case management activities such as LLIN distribution and monitoring, HE, and special activities, are conducted by volunteers supervised by CAP-Malaria staff or directly by project staff. Designated data entry staff enters and compiles the data, and transfer from paper-based to electronic database. However, the primary data sources for non-case management activities are kept at the field offices, while copies are sent per request. Summary data are provided Burma health department at the township level (township health office and state/regional office) and national program. In Thailand, LLIN distribution activities are entered into MIS by CAP-Malaria staff (with authorized log-in and password from the Bureau of Vector Borne Diseases).

For Burma,

- Primary data generated by the volunteers and collected during monthly meeting and supervision by CAP-Malaria staff (Health Facilitators) who conduct quality check for completeness and correction of errors with VMWs. Health Facilitators then submit hard copies to the designated data entry staff at the township offices by the 26th of the reporting month.
- The first level of data entry is conducted by designated data entry staff at the township offices and involved aggregation of data generated by VMWs, and those generated by CAP-Malaria staff. Electronic copy is submitted to the Team Leader (township).
- Team Leaders at the field offices conduct data verification, and spot-check with paper sources. The verified monthly dataset from each township office is then submitted electronically to the Data Quality Officer (DQO) by the 7th of the following month, with an e-copy to the Field Operation Coordinator (FOC). For case management and patient records, hard copies are sent to the assigned DQO for each State/Region offices for data verification and cross-check.
- The DQO conducts data verification and spot-check validation prior to submission to the FOC by the 12th of the month for review and sign-off. Data sets from the township offices are submitted to Field Technical Director (FTD) by the 15th of month, with a copy to the M&E Officer, in Yangon.
- For activities under the responsibility of Save the Children (Kayin state)

Health Facilitators visit their respective villages and cluster points to collect data from volunteers and Peer Educators (SCI staff), who submit the collected data to the Project Assistant (M&E) after checking the data. The Project Assistant (M&E) cross-checks and enters data into MS Excel spreadsheet, and submits to Senior Project Officer (SPO). The SPO (equivalent to Team Leader in URC system) compiles, verifies, and analyzes data and submits to the Senior Program Coordinator at Kayin state office (equivalent to DQO in URC system) to assess performance against targets, and also to the Deputy Program Manager and SPO at Yangon office for QA and reporting purposes. Deputy Program Manager

submits data to Program Manager for final check, after which reports and data are submitted to Field Operation Director (CAP-Malaria URC), with e-copies to M&E Coordinator (CAP-Malaria URC).

- For Thailand,
 - Primary data generated by the MPWs and health facility staff are collected during monthly meetings by District Health Office (DHO) who submit to the data entry person at the Vector Borne Diseases Unit (VBDO) by the 26th of the month. The VBDO/data entry person compiles and enters data for the sub-district/district into the MIS. CAP-Malaria obtains hard copies of primary data sources from volunteers and health facilities supported by the project for records and use. Primary data generated by migrant volunteers (MVs) from health education activities are collected by CAP-Malaria Field Coordinators who perform a quality check for completeness and resolves errors on the source data.
 - Field Coordinators collect copies of primary data sources from DHOs (Case Management directly or indirectly supported by CAP-Malaria) and check to ensure completeness and resolve errors on the source data.
 - Copies of paper-source data are sent to the Bangkok office where Field Technical Officer (M&E) reviews and transfers data from paper source to electronic base. Data entry occurs in Bangkok is possible due to the smaller scope of work.
 - Quality Assurance and Information Officer conducts cross-checks of electronic data with the source data in Bangkok before submitting to Regional M&E team or COP for further analysis and reporting. QA Officer also works with COP to analyze data for reporting, as well as for feedbacks to the Field Coordinators for adjustments and improvements in data quality and activities.
- For Cambodia,
 - Data entry staff enter at the OD offices directly into the web-based PMIS system.
 - Within the 1st week of the month following the reporting period (previous month), the Project Coordinators at OD level complete data entry from the previous month into the web-based PMIS using different information sources such as HIS, MIS and project records.
 - By the 23rd of the month, feedback is given by the M&E team in Phnom Penh to each OD, including identification of errors or missing data, and makes specific suggestions as needed.
 - Project Coordinators at the OD offices have until the 25th of the month to make any corrections. After the 25th, the online M&E system is automatically locked and no further changes can be made without authorization from the Regional M&E Director.

Much of the source data for the project are generated by volunteers, CAP-Malaria M&E activities are linked to the work plan which include training activities for both volunteers and supervisors, development of job-aids for volunteers and standard

operating procedures (SOP) and supervisory checklists for supervisors. These training and supervisory toolkits are developed for routine activities which include case management (test, treat and follow-up), health education, and LLIN monitoring and top-up.

Data quality

The data verification exercises will take place at each level of data aggregation within each country as information is collected monthly, as described in the data flow.

Routine Data Quality Audits (RDQA) are conducted by the country M&E staff on a quarterly basis. Reported data is verified against the original or copied source and other available data sources. Data from training activity reported in progress reports will be verified against copies of participant lists

In addition, project level RDQA by the Regional M&E team is also in the M&E plan. During the RDQA data verification will take place at each level of data aggregation within each country and cross-checked with source data, electronic databases, and reported data in the semi-annual and annual reports. In addition to the in-country RDQA, project level RDQA is scheduled and conducted by the Regional M&E team.

- 1) Verification at the primary data collection sites (e.g. Service Delivery Site)
Data verification at the Service Delivery Site includes document reviews and comparison of reported data against data in different source documents.
- 2) Verification at the intermediate aggregation levels
At the intermediate aggregation levels, data will be verified against data in different source documents before reporting to the next level.

In Cambodia, the M&E team conducts joint RDQA exercises with the MOH HIS/NMCP staff as part of system strengthening to improve the data quality of the MIS system in the target areas.

M&E activities also support external data verification carried out by the donor.

Data management

Country level data management includes management of source data (paper-based source documents) and electronic-based data at each level of aggregations. Ensuring compliance to security control of data management system will also be part of the project RDQA activities.

CAP-Malaria Country Offices – Central level

- Any source document (or copies of source document) requested from the field offices are kept in secured and locked cabinets.
- Each designated staff member is assigned a specific laptop for work, which is secured and password protected. All personal computers are backed up on to external hard driver on a weekly basis.
 - Sub-grantee submits soft copies of data which is integrated into the Country database, where the same security system is applied.

CAP-Malaria field offices

- Original source data are kept at the field offices where the first level of data aggregation occurs (unless requested by the Central level, in which case a second copy will be made).
 - In flood-prone areas, source documents are stored in locked cabinets on the second floor of the offices (if available) otherwise they are stored above ground level.
- Each designated staff member is assigned a specific laptop for work, which is secured password protected. All personal computers are backed up on to external hard driver on a weekly basis.
- Only Team Leaders or designated staff will have access to source data once it is in locked cabinet.

Web-based project management information system (PMIS) in Cambodia only

- Both primary and secondary data are input into a **PMIS** that produces **monthly progress report** capturing both **quantitative** data for key project performance indicators and **qualitative** data regarding project activities implemented during the reporting period, challenges that the project is facing as well as proposed solutions and activities planned for next reporting period.
- These data are then reviewed by the regional M&E team.

Data Maintenance for PMIS in Cambodia

- Auto save feature – Records every key pressed, as well as user log-in record.
- Data recovery feature – PMIS server is located in a locked room at CAP-Malaria/Phnom Penh Office, accessible only by the IT Administrator. The server systematically backs-up all files every weekend and the end of every month. Another level of security is the storage of data on the cloud server which is backed up on a weekly schedule.

Data analysis and reporting

CAP-Malaria prepares and submits semi-annual and annual reports to RDMA and USAID missions. These reports are also shared with national counterparts at all levels. To increase the use of strategic information, the executive summaries of these reports are translated into local languages to share with counterparts.

The project will use different channels, e.g., quarterly review workshops and joint review workshops with relevant stakeholders in the country, press releases, fact sheets, newsletters, and paper articles to disseminate the data for policy makers, program managers, advocacy groups, and other stakeholders and the community.

During monthly meetings, CAP-Malaria field staff works with volunteers to update the malaria case maps with their village data and secondary data from HFs/MIS. Volunteers are encouraged to discuss changes in their village that may contribute to malaria transmission to adjust their activities as necessary. These maps used in Cambodia help to visualize malaria foci for better planning or planning response. CAP-Malaria will explore the possibility of doing this in the other two countries, although village malaria maps are already utilized by volunteers.

The project M&E team analyzes data as it becomes available to not only track malaria trends in target areas, but also to track project performance indicators against the annual workplan. The analyses include trend analysis of indicators throughout the project period, comparison of the achievements with the targets, and comparison of the same indicator among different project supported districts. The analysis will allow the project to better direct resources or targeting the activities in right direction during the project implementation for better results.

In Cambodia, a dashboard for key project elements and performance indicators generated from the PMIS are utilized in the project team discussion to improve planning and implementation. These performance dashboards are also shared with counterparts at the AOP for the development and justification of activities and targets. Similarly, Burma and Thailand activities are also shared with the township and district or provincial counterparts during the stakeholders meeting.

CAP-Malaria produces a variety of documents for reporting and dissemination of project activities, depending on the purpose and the target audience groups. Table 1 summarizes the project documents for communication.

Table 1: CAP-Malaria project documents for reporting and communication

Activity	Target Audience	Tools	Person Responsible	Timing
Disseminate updated M&E tools and activities	Project staff	Field M&E plan PowerPoint	Regional M&E Director Regional M&E Advisor M&E Officer (Burma) QA Officer (Thailand)	Annual (also as needed)
Share project progress reports with donors and stakeholders	PMI / USAID Donors International stakeholders	Excel spread sheets (Quarterly) Progress report (Semi-annual) Website, E-mail	COP	Quarterly Semi-annual
Share project progress reports with donors and stakeholders (in local languages)	National programs Local health offices Donors Stakeholders	Translated reports Website E-mail	COP Country Program Managers	Quarterly Semi-annual
Share project progress report with project team and others	PMI/USAID Project staff	Monthly report Presentation Website E-mail	M&E Country team, Country Program Managers	Monthly
Quarterly newsletters for sharing highlights and features of CAP-Malaria activities, staffs, or	Public	Website Free distributions at partner's meeting	BCC Regional Advisor, COP	Quarterly
Social Media to share pictures and videos of activities, or links to CAP-Malaria websites and	Public	Project website Facebook You tube Line™	IT Manager (Phnom Penh based)	As needed
Meeting with volunteers or staff to provide feedbacks	Volunteers	Group discussion Meeting notes	FCs / Health Facilitators / OD Coordinators FTC / Team Leader / Provincial Coordinator	Monthly Quarterly

Activity	Target Audience	Tools	Person Responsible	Timing
Meeting with CAP-Malaria project staff (supervisory to provide feedbacks)	Project staff	Group discussion Meeting notes	FTC / Team Leader / Provincial Coordinator QA Officer, Data Quality Officers / M&E Officer COP	Quarterly
Stakeholder's meeting to review progress	PHO/DHO VBDC/VBDU TMO/DMO Province/OD Project staff Local partners	PowerPoint Meeting report	Country Program Managers M&E team COP (as needed)	Quarterly
Twin-city working group meeting to review progress	Twin-city working group Project staff Local partners	PowerPoint Twin-city work plan Meeting report	Country Program Managers COP	Quarterly
Discuss malaria cases mapping(geo-map) and following strategic information with VMW and HF staff	VMWs HF staff OD staff CAP-M staff	Newsprints Markers Tape	CAP-M team at OD level	Monthly

4.3 Schedule for performance monitoring tasks

Table 2: Performance Management Task Schedule

	Performance management tasks	Oct 11-Mar 12	Apr 12-Sep 12	Oct 12-Mar 13	Apr 13-Sep 13	Oct 13-Mar 14	Apr 14-Sep 14	Oct 14-Mar 15	Apr 15-Sep 15	Oct 15-Mar 16	Apr 16-Sep 16
A	M&E tool & M&E plan development										
1	Consultative meetings in three countries on M&E plan, result framework and indicators	x									
2	M&E plan and M&E tools development	x	x								
3	Update M&E plans, M&E tools, SOPs, and job-aids (as needed) to best reflect local implementation	x		x		x		x		x	
4	Develop new M&E tools, SOPs, and job-aids (as needed) to reflect new activities in the work plan	x		x		x		x		x	
5	TA to field coordinator in Thailand to field test migrant survey questionnaire for baseline migrant survey in Kraburi district		x								
6	Develop technical supervision tool for supervising CAP-Malaria project activities		x								
7	Introduce HF malaria technical supervision tools to OD and project supervisors (Cambodia)			x							
8	TA to NMCP to develop national HF malaria technical supervision tool (Cambodia)					x					
9	TA to NMCP to develop national VMW malaria technical supervision tool (Cambodia)							x			
10	TA to NMCP to develop SOP on malaria outbreak, investigation and emergency response (Cambodia)							x			
11	TA to education department and NMCP to develop school-based BCC monitoring tools (Cambodia and Burma)				x						
12	Train school supervisors in how to monitor school-based BCC using BCC monitoring tool (Cambodia and Burma)				x						

	Performance management tasks	Oct 11-Mar 12	Apr 12-Sep 12	Oct 12-Mar 13	Apr 13-Sep 13	Oct 13-Mar 14	Apr 14-Sep 14	Oct 14-Mar 15	Apr 15-Sep 15	Oct 15-Mar 16	Apr 16-Sep 16
15	Draft, field test and finalize the case investigation forms for malaria pre-elimination (Cambodia)								x		
16	Develop national SMS case notification system in consultation with NMCP (Cambodia)								x		
17	Develop and introduce ACT/RDT status monitoring tool using tablet (Cambodia)										x
B	M&E activities										
1	M&E training and refresher courses for project field staff , and on-going coaching			x	x	x	x	x	x	x	
2	M&E/Online progress report coaching follow-up at OD level (Cambodia)			x	x	x	x	x	x	x	x
3	Surveys on ITN coverage and ITN use among migrants in Cambodia	-	-	-	x						x
4	Surveys on ITN coverage and ITN use among residents in Cambodia	-	-	-	x	x	x	x	x		x
5	Surveys on ITN coverage and ITN use among residents in Thailand	-	-	-	x						x
6	Surveys on ITN coverage and ITN use among residents in Burma	-	-	-	x						x
7	LLIN coverage and LLIN use monitoring						x	x	x	x	
8	School-based BCC outcome assessment (Cambodia and Burma)				x					x	
9	Collect, verify, input, analyze, present, discuss, use and report data for project indicators	x	x	x	x	x	x	x	x	x	x
C	Routine Data Quality Assessment (RDQA)										
1	RDQA Central M&E team to the field site (once /quarter).		x	x	x	x	x	x	x		
2	RDQA at township level by State/Region DQO (once/township/ quarter)		x	x	x	x	x	x	x		
3	Data verification and analysis of data and giving feedback on monthly reports	x	x	x	x	x	x	x	x		
D	Others M&E activities										
1	Malaria logistic management training for HF/OD/PHD staff in target area (Cambodia)							x	x		
2	Quarterly project review meetings at country level	x	x	x	x	x	x	x	x	x	x
3	Annual work plan development workshops		x		x		x		x		
4	Annual project reviews at country level		x		x		x		x		x

4.4 Plan for internal/external evaluations

Evaluation, both internal and external, complements monitoring efforts to provide a comprehensive picture of the project's achievements. Together, the planned monitoring and evaluation activities support judgments as to whether results achieved meet the project's goal as well as objectives and how those results are achieved.

The performance indicators described in the monitoring plan only “indicate” progress and cannot be used to determine “why” a certain result occurred. Evaluations are ways in which routine performance monitoring efforts can be supplemented by a more rigorous and in-depth analyses on topics of interest.

Performance evaluation will be carried out and focused on descriptive and normative questions including:

- What CAP-Malaria project has achieved
- How it is being implemented
- How it is perceived and valued
- Whether expected results are occurring
- Factors contributing to/hampering the success
- Questions pertinent to the design, management and operational decision making in the project

Performance evaluations will incorporate before-after comparisons to the extent possible.

CAP-Malaria has conducted baseline and will conduct end line evaluations for planning and management purposes and to answer questions of interest such as:

- Percent of migrant workers sleeping under ITN the previous night
- Percent of residents sleeping under ITN the previous night
- Percent of uncomplicated malaria cases treated according to national treatment guidelines
- Percent of service delivery points experiencing ACT stock out
- Percent of service delivery points experiencing RDT stock out

In Cambodia, CAP-Malaria project activities are implemented in target areas of the former USAID|MCC project and some of project baseline data will be retrieved from MCC’s end line report. Baseline data will be compared with end line data by target area (by OD).

CAP-Malaria has facilitated a mid-term evaluation conducted by PMI/USAID funded external project evaluation team. Findings from the external evaluation are being used to improve project planning and implementation.

4.5 Indicators and targets

Impact Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
IP1-Annual parasite incidence per 1000 population	Burma	Number of confirmed malaria cases per 1000 population	Annually	HIS/MIS, Document review, NMCP, 2008	9.0 (National) 12.37 (KYN) 15.86 (TNT) 42.04 (RHK) 11.62 (BGE)	-	12.87 (CAP-M)	9.19 (CAP-M)	9.04 (CAP-M)	4.5 (National) 7 (CAP-M)
	Cambodia	Number of confirmed malaria cases per 1000 population	Annually	HIS/MIS Document review	21.42	18.61	10.69	15.29	16.62	17
	Thailand	Number of confirmed malaria cases per 1000 population	Annually	National Strategic Plan, 2011-2016, HIS/MIS	0.40 (National, 2010) 40.00 (Kraburi) 9.71 (La-un) 9.25 (Pongnamron) 2.67 (Soidao)	0.36	0.33	0.33	0.33	0.30
IP2-Malaria mortality rate per 100,000 population	Burma	Number of inpatient deaths due to malaria per 100,000 population	Annually	HIS/MIS, Document review, National M&E plan, 2010-2015	2.18 (2007, baseline) 3.13-4.48 (CAP-M area) (MIS, 2008)	No Activity	No township data	No township data	No township data	1.09 (National target)
	Cambodia	Number of inpatient deaths due to malaria per 100,000 population	Annually	HIS/MIS, Document review	0.62	0.36 0.50 (Target)	0.09 0.40 (Target)	0.22 0.30 (Target)	0.1 0.20 (Target)	0.10
	Thailand	Number of inpatient deaths due to malaria per 100,000 population	Annually	National Strategic Plan, 2011-2016, HIS/MIS	0.14 (2010, National) 0 (CAP-M)	0 (CAP-M)	0 (CAP-M)	0 (CAP-M)	0 (CAP-M)	0.07 (National) 0 (CAP-M)

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OC1 Percentage of residents in CAP-Malaria targeted areas who slept under an ITN the previous night	Burma	%	Baseline, End line	Household survey, MARC Tier 1 survey	38.5% (<i>Kayin only</i>) 18.8% (<i>Marc Tier 1</i>)	<i>No mid-term survey conducted</i>				90%
	Cambodia	%	Baseline, End line	Cambodia Malaria Indicator Survey (CMS) CAP-Malaria HHS	National: 52.6% All CAP-Malaria target ODs: 74.0%	<i>No mid-term survey conducted</i> 59.9% (<i>National CMS 2013 report</i>)				95%
	Thailand	%	Baseline, End line	Migrant KAP survey	Refer to OC2	<i>Baseline was conducted among migrant population only</i>				
OC2 Percentage of migrants / migrant workers in CAP-Malaria targeted areas who slept under an ITN the previous night	Burma	%	Baseline, End line	Household KAP survey	68.7%	<i>No mid-term survey conducted</i>				85%
	Cambodia	%	Baseline, End line	Cambodia Malaria Indicator Survey (CMS) Farm worker survey (CAP-M)	Forest goers: 37.1% (CMS) CAP-M target ODs: Farm workers: 98.9%	<i>No mid-term survey conducted</i> Forest goers: 48.7% (<i>National CMS 2013 report</i>)				85%
	Thailand	%	Baseline, End line	Migrant KAP survey	85% (<i>among Myanmar migrants who own bed nets in Kraburi</i>)	<i>No mid-term survey conducted</i>				90%
OC3 Percentage of uncomplicated malaria cases treated according to national malaria treatment guideline in CAP-Malaria target areas	Burma	%	Semi-annually	Data quality audit, quarterly	NA (<i>In 2011, there was no USAID project that supported Malaria in the target areas</i>)	<i>Target depends on OP9. Target is to achieve >80% of OP9 for CAP-Malaria supported activities</i>				
						No Activity	100%* *5,154 treated	99.74% *7,375 NTG	99.67% *7,676 NTG	100%
	Cambodia	%	Semi-annually	Clinical audit	82%	No Activity	99.43%	96.89	96.69%	100%
	Thailand	%	Semi-annually	Patient registry from direct CAP-Malaria activity, quarterly	84% (Pf) 73% (Pv) (<i>2012, GF grant performance report, June 2015</i>)	<i>Target depends on OP9. Target is to achieve >80% of OP9 for CAP-Malaria supported activities. GF target at 80%</i>				
						No Activity	90% *12 NTG	90.3% *28 NTG	83.3% *9 NTG	95%

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OP1F Number of ITNs purchased by other partners that were distributed with USG funds	Burma	Number of ITN	Semi-annually	Project records, LLIN census and distribution forms	NA (In 2011, there was no USAID project that supported Malaria in the target areas)	0	0	0	0	0
	Cambodia	Number of ITN	Semi-annually	Project records, LLIN census and distribution forms	0	616,829	348,502	0	650	0
	Thailand	Number of ITN	Semi-annually	Project records, LLIN census and distribution forms	NA (In 2011, there was no USAID project that supported Malaria in the target areas)	No activity planned				
OP2F Number of ITNs purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	Burma	Number of ITN	Semi-annually	Project records, LLIN census and distribution forms	NA (In 2011, there was no USAID project that supported Malaria in the target areas)	8,000	96,656	254,560	187,069	113,000
	Cambodia	Number of ITN	Semi-annually	Project records, LLIN census and distribution forms	4,000	0	24,700	69,542	122,811	30,650
	Thailand	Number of ITN	Semi-annually	Project records, LLIN census and distribution forms	NA (In 2011, there was no USAID project that supported Malaria in the target areas)	No activity	No activity	9,415	4,355	6,230
OP3F Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	Burma	Number of trained health worker	Semi-annually	Project records, registration form	NA (In 2011, there was no USAID project that supported Malaria in the target areas)	No activity	1,232	1,790	1,254	950
	Cambodia	Number of trained health worker	Semi-annually	Project records, registration form	0	118	488	808	939	785
	Thailand	Number of trained health worker	Semi-annually	Project records, registration form	NA (In 2011, there was no USAID project that supported Malaria in the target areas)	112	51	97	36	30

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OP4F Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy) with USG funds	Burma	Number of trained health worker	Semi-annually	Project records, registration form	0 (In 2011, there was no USAID project that supported Malaria in the target areas)	10	1,372	1,887	1,297	950
	Cambodia	Number of trained health worker	Semi-annually	Project records, registration form	0	141	521	865	988	0
	Thailand	Number of trained health worker	Semi-annually	Project records, registration form	0 (In 2011, there was no USAID project that supported Malaria in the target areas)	119	51	87	44	30
OP5F Number of RDTs purchased in any fiscal year with USG funds that were distributed	Burma	Number of RDT	Semi-annually	Project records, stock and ledger book	0 (In 2011, there was no USAID project that supported Malaria in the target areas)	No activity	119,376	232,100	264,775	146,000
	Cambodia	Number of RDT	Semi-annually	Project records	0	No activity	No activity	10,850	16,025	9,000
	Thailand	Number of RDT	Semi-annually	Project records, stock records	0 (In 2011, there was no USAID project that supported Malaria in the target areas)	No procurement of RDT for Thailand				
OP6F Number of ACT purchased in any fiscal year with USG funds that were distributed	Burma	Number of ACT	Semi-annually	Project records, stock and ledger book	0 (In 2011, there was no USAID project that supported Malaria in the target areas)	No activity	27,993	25,040	15,660	4,380
	Cambodia	Number of ACT	Semi-annually	Project records	0	No procurement of ACT for Cambodia				
	Thailand	Number of ACT	Semi-annually	Project records, stock records	0 (In 2011, there was no USAID project that supported Malaria in the target areas)	No procurement of ACT for Thailand				

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OP7 Number of individuals reached with BCC messages through interpersonal communication (IPC)	Burma	Number of individuals	Semi-annually	Project records, HE report form	0 (In 2011, there was no USAID supported project)	No activity	125,704	938,648	184,944	135,000
	Cambodia	Number of individuals	Semi-annually	Project records	57,337	37,932	250,519	364,247	94,275	82,906
	Thailand	Number of individuals	Semi-annually	Project records, HE report form	0 (In 2011, there was no USAID supported project)	No activity	1,052	7,793	14,894	10,000
OP8 Number of malaria tests reported in CAP-Malaria target areas	Burma	Number of malaria tests	Semi-annually	HIS/MIS, Project records	0	No activity	64,412	160,904	230,317	180,000
	Cambodia	Number of malaria tests	Semi-annually	HIS/MIS, Project records	86,947	81,738	62,751	96,172	96,225	84,000
	Thailand	Number of malaria tests	Semi-annually	HIS/MIS, Project records	103,839 (MIS, 2013, 5 target districts) (In 2011, there was no USAID supported project)	0	337	1,108	1,116	300
OP9 Number of confirmed malaria cases reported in CAP-Malaria target areas	Burma	Number of confirmed malaria cases	Semi-annually	HIS/MIS, Project records	0 (In 2011, there was no USAID supported project)	No activity	5,154	7,423	7,843	5,500
	Cambodia	Number of confirmed malaria cases	Semi-annually	HIS/MIS, Project records	24,134	20,970	12,315	21,304	25,877	20,000
	Thailand	Number of confirmed malaria cases	Semi-annually	HIS/MIS, Project records	1,543 (MIS 2011, total cases in 5 target districts) (962 in Kraburi; 147 in La-un 306 in Pongnamron; 120 in Soidao; 8 in Klonghat) (In 2011, there was no USAID supported project)	No activity	10 (CAP-M direct activity only)	31 (CAP-M direct activity only)	12 (CAP-M direct activity only)	5

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OP10 Number of malaria cases treated in CAP-Malaria target areas	Burma	Number of malaria cases treated	Semi-annually	HIS/MIS, Project records	<i>No data, as this is not an indicator in the MIS</i>	No activity	5,154	7,394	7,792	4,400
	Cambodia	Number of malaria cases treated	Semi-annually	HIS/MIS, Project records	25,327	20,744	12,470	18,263	26,066	18,000
	Thailand	Number of malaria cases treated	Semi-annually	HIS/MIS, Project records	1,543 (MIS, 2011, 5 target districts) (In 2011, there was no USAID supported project)	No activity	12	28	9	3
OP11 Number of malaria case maps developed and used in SPL OD	Cambodia	Number of maps	Semi-annually	Project records	0	No activity	No activity	6	6	6
OP12 Number of target areas with AOP developed based on project strategic information	Cambodia	Number of target ODs	Semi-annually	Project records	10	10	10	12	11	5
OP13 Percentage of target areas that organize SI dissemination workshops	Cambodia	Percent of target ODs	Semi-annually	Project records	0%	70%	90%	92%	100%	100%
OP14 Percentage of service delivery points experiencing stock out of ACT on the day of the visit	Burma	%	Semi-annually	Stock form, on-site supervision form	8% (MARC Tier-1 Survey in 2012)	8%	8%	6%	4%	3%
	Cambodia	%	Semi-annually	ACT stock status audit	28.60%	2.44%	3.85%	3.82%	1.72%	0%
	Thailand	%	Semi-annually	Stock form, on-site supervision form	Not available (In 2011, this is not a national reported indicator)	0%	0%	0%	0%	0%

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OP15 Percentage of service delivery points experiencing stock out of RDT on the day of the visit	Burma	%	Semi-annually	Stock form, on-site supervision form	8% (MARC Tier-1 Survey in 2012)	8%	8%	6%	4%	3%
	Cambodia	%	Semi-annually	RDT stock status audit	Not available	0%	1.92%	3.77%	2.08%	0%
	Thailand	%	Semi-annually	RDT stock status audit	Not available (In 2011, this is not a national reported indicator)	0%	0%	0%	0%	0%
OP16 Percentage of Pf/mix cases followed-up on Day-3	Burma	%	Semi-annually	Project records, DOT record form	Not available (In 2011, this is not a national reported indicator)	No activity	No activity	100%	95%	No activity
	Cambodia	%	Semi-annually	Project records	0%	32.36%	61.1%	71.0%	71.26%	95%
	Thailand	%	Semi-annually	HIS/MIS	Not available (In 2011, this is not a national reported indicator)	See OP15. No Day 3+ surveillance activity in Thailand.				
OP17 Percentage of Pf/mix patients receiving complete DOTs	Burma	%	Semi-annually	Project records	Not available (In 2011, this is not a national reported indicator)	No activity	No activity	No activity	97%	≥90%
	Cambodia	%	Semi-annually	Project records	0%	32.36%	61.1%	71.0%	71.26%	95%
	Thailand	%	Semi-annually	HIS/MIS	28% (2010 baseline, Performance report for GF, June 2015)	40% 36.7% (MIS result in Kraburi and La-un)	45% 43.1% (MIS result in Kraburi and La-un)	50% 59.7% (MIS result in Kraburi and La-un)	55% (Not direct CAP-M activity)	60% (Not direct CAP-M activity)

Outcome Indicators	Country	Summary Description & Unit of Measurement	Reporting Frequency (to RDMA)	Data Source & Collection Method	Baseline	Results				Targets
						Year 1	Year 2	Year 3	Year 4	Year 5
OP18 Number of provincial special working group for malaria elimination meetings organized	Cambodia	Number of meetings	Semi-annually	Project records	0	0	0	0	6	6
OP19 Number of villages with no reported malaria cases in SPL OD	Cambodia	Number of villages	Semi-annually	Project records	49	No activity	No activity	No activity	74 (Target)	85 (Target)
OP20 Number of villages with imported malaria cases in SPL OD	Cambodia	Number of villages	Semi-annually	Project records	70	No activity	No activity	No activity	49 (Target)	35 (Target)
OP21 Number of villages with indigenous malaria cases in SPL OD	Cambodia	Number of villages	Semi-annually	Project records	19	No activity	No activity	No activity	8 (Target)	4 (Target)
OP22 Percent of malaria cases notified within 24 hours	Cambodia	%	Semi-annually	Project records	0%	No activity	No activity	No activity	100% (Target)	100% (Target)
OP23 Percent of malaria cases investigated within 3 days	Cambodia	%	Semi-annually	Project records	0%	No activity	No activity	No activity	100% (Target)	100% (Target)
OP24Percent of malaria cases responded to within 7 days	Cambodia	%	Semi-annually	Project records	0%	No activity	No activity	No activity	100% (Target)	100% (Target)

5. ANNEXES


5.1 Data collection tools (Burma)

















Forms	Frequency	Main Users	Form	Remarks
Patient's registry	Use per activity; Monthly collection	VMWs Mobile team	 VMW Patient Record Eng Version.	
LLIN distribution record	Use per activity; Monthly collection	CAP-M (Field) staff	 LLIN distri format (Field Data Collectio	
Bed net impregnation record	Use per activity; Monthly collection	Health Facilitators	 Bed net impregnation Form.	
Health education record	Routine, Use per activity; Monthly collection	VMWs Health facilitators Mobile team Volunteers (CHG)	 150123_IPC_Data_C ollection_Forms.xlsx	
Health education record (bus/boat BCC)	Use per activity; Monthly collection	Volunteers (taxi/bus)	 Boat Report (Field Data Collection Forr  Bus Report (Field Data Collection Forr	
Training registration sheet	Use per activity; Monthly collection	CAP-M (Field) staff	 Training Attendance.xlsx	
VMW monthly meeting form	Monthly, monthly collection	Health Facilitator Team Assistant Team Leader	 Monthly Meeting Attendance Form.xls	
Day 3 case management	Use per activity; Monthly collection	Mobile team	 Day 3 FU Registration Form.xl	
DOT supervision form	Use per activity; Monthly collection	VMWs	 150511_DOT Monitoring Form.xls	
QC form for malaria microscopy	Use per activity; Monthly collection	Malaria Microscopist	 Lab QAQC Form.xlsx	
Supervisory check-list	Use per activity; Monthly collection	Data Quality Officer	 Checklist for VMWs.doc	
Malaria commodity stock monitoring	Monthly		 Stock Out Monitoring Form (C.	Also used by supervisors to monitor stock of malaria commodities at service delivery points
Monthly report form	Monthly	Team Leader FOC	 150511_Monthly Excel Reports.xlsb	

5.2 Data collection tools (Cambodia)

Forms	Frequency	Main Users	Form	Remarks
Patient's registry	Use per activity; Monthly collection	VMW/MMWs	 Monthly malaria case reports for VMW.doc	
LLIN distribution record	Quarterly	HF staff/VMWs	 Checklist for HH_FO.xlsx	
Health education record	Use per activity	HF staff/VMWs	 Revised farm worker health education tool	
Health education record (bus/Taxi BCC)	Use per activity	Taxi driver	 Health education for taxi driver.pdf	
Training registration sheet	Use per activity	VMW/MMWs	 Training registration sheet.xls	
VMW monthly meeting form	Monthly	VMW/MMWs	 VMW monthly meeting.xls	
Laboratory supervision checklist	Quarterly	OD/HF staff	 Microscopy Quality Assurance .pdf	
Technical supervision (OD>HC)	Quarterly	OD staff	 supervision tool OD-HC.pdf	
Technical supervision (HC>VMW)	Quarterly	HF staff	 Supervision tool HC-VMW.doc	
TFU	Use per activity	VMW/MMWs	 TFU (D0-2 D7 & D28) July 2015.pdf	
CIF and FIF	Use per activity	HF staff/VMW/MMWs	 CIF & Response Summary July 2015.pc	
Response	Use per activity	HF staff/VMW/MMWs	 Response activity form.pdf	

5.3 Data collection tools (Thailand)

Forms	Frequency	Main Users	Form	Remarks
Patient's registry	Use per activity; Monthly collection	VMWs Mobile team	 F-002T-EP1 form_16Feb2015.pdf	

Forms	Frequency	Main Users	Form	Remarks
LLIN distribution record	Use per activity; Monthly collection	CAP-M (Field) staff (form F-014T), HPH staff (form F-003T)	 F-014T-Census and distribution slip for ho  F-003T-LLIN Distribution in HPH fo	There are 2 forms for LLIN distribution: General census and distribution, LLIN distribution in HPH (to pregnant women)
LLIN monitoring	Use per activity, quarterly collection	CAP-M staff	 F-015T-LLIN monitoring Form_Versi  F-015T-LLIN monitoring Form_Versi	
Health education record	Routine, Use per activity; Monthly collection	VMWs Health facilitators Mobile team Volunteers (CHG)	 F-007E-HE monthly report for MHV_Eng v  F-006T-HE monthly report for MHV_Thai  F-008M-HE monthly report for MHV_Myan  F-009K-HE Monthly report form MHV_Khn	Forms are available in Thai, Khmer, or Burmese, when used by volunteers.
Motorcycle taxi record (BCC)	Use per activity; Monthly collection	Volunteers (taxi/bus)	 F-010T-HE monthly report form by motor  F-011T-แบบฟอร์มบันทึก เวลาของรถจักรยานยนต์	
Training registration sheet	Use per activity; Monthly collection	CAP-M (Field) staff	 F-001T-Training Registration Form_Ve	
HPH and MP monitoring form	Monthly	DHO Form used are ICD nd (form F-005E), CAP-M staff (form F-004E)	 F-005E-HPH Monthly monitoring form_Ver-  F-004E-Checklist for HPH Monthly monito	
Community outreaches and mobilizations	Use per activity; Monthly collection	CAP-M (Field) staff	 F-013E-Attendance Registration sheet up	
Stakeholder Meeting	Use per activity; Quarterly collection	CAP-M staff	 F-012E-Report for meeting with Stakeho	
LLIN stock Record	Annually	CAP-M (Field) staff	 F-017T-LLIN Stock Log book_30April201	

6. ANNEX 1 INDICATOR REFERENCE SHEETS

IP1: Annual Parasite Incidence(API) per 1,000 population in CAP-Malaria project target areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR1: Use of preventive interventions among population increased in CAP-Malaria target areas; IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas; IR3: Use of strategic information for decision making increased at national and local levels; IR4: Strengthened malaria services for mobile population through inter-agency and inter-country collaboration in target areas.
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(ies): <ul style="list-style-type: none"> • Implementing malaria preventive interventions • Providing quality malaria diagnosis and treatment to patients. • Generating and using strategic information at all levels.
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Distributing ITNs to target population. • Providing BCC messages to target population. • Supporting distribution of RDTs and ACTs to health providers. • Testing suspected malaria cases, and treating & tracking all confirmed cases. • Training and supervising health workers on quality malaria diagnosis and treatment according to national treatment guidelines. • Providing malaria technical supervision to HF staff and VMWs. • Organizing malaria logistic management training for HF/OD/PHD staff. • Providing technical support to counterparts in Cambodia to generate, utilize and share strategic information.
Geographic Coverage: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand.
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u> X IP1</u> Global/Regional Indicator ____, specify; _____ New Indicator ____ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No <u> X</u> Yes ____; PPR Indicator for reporting year(s) _____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u> X</u> Yes ____ If yes, indicator No. ____, for reporting year(s) _____, program area/element/sub-element _____
DESCRIPTION

Indicator Definition(s) & Unit of Measurement: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> $IP1 = \frac{\text{Numerator}}{\text{Denominator}} \times 1,000$ </div> <ul style="list-style-type: none"> • Malaria case: case of malaria infection confirmed by microscopy and/or RDTs. • Public health facilities: <ul style="list-style-type: none"> ○ Burma: rural health center, sub-center and township hospital. ○ Cambodia: health post, health center, former district hospital, district referral hospital and provincial referral hospital. ○ Thailand: malaria clinic and health promotion hospital. • VMWs are village-based volunteers providing malaria case management and prevention under the supervision of local HF staff (Burma, Cambodia). • Malaria Posts are village-based workers providing malaria case management service and prevention under the supervision of local district health offices (Thailand) • CAP-Malaria target areas: priority malaria endemic areas as determined by CAP-Malaria project and NMCPs and agreed upon by PMI/USAID. <p><u>Numerator:</u> total number of confirmed malaria cases in one year in CAP-Malaria target areas. <u>Denominator:</u> mid-year population in CAP-Malaria target areas. <u>Unit of measurement:</u> cases per 1,000 population.</p>
Disaggregated by: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand.
Data collection: data extracted from national health information system, national malaria information system as well as CAP-Malaria project database.
Data source(s): national health information system, national malaria information system and CAP-Malaria records.
Reporting frequency: Annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer:
Date of the Next Data Quality Assessment:
Known Data Limitations: Mid-year population used as denominator is not regularly updated in Burma and Cambodia. The number may not represent the real population-at-risk for malaria. Migrant population is not well-accounted for.
Actions Taken or Planned to Address the Data Limitation: Updating the denominator when new census statistics become available.
CHANGES TO INDICATOR
Change to Indicator: No
Other Notes: No
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional Director, and Dr. Chansuda Wongsrichanalai (STTA), and COP.
This sheet was last reviewed & approved on: _____, by: _____

IP2: Malaria Mortality Rate (MMR) per 100,000 population in CAP-Malaria target areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR1: Use of preventive interventions among population increased in CAP-Malaria target areas. IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas. IR3: Use of strategic information for decision making increased at national and local levels. IR4: Strengthened malaria services for mobile population through inter-agency and inter-country collaboration in target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(ies): <ul style="list-style-type: none"> Implementing malaria preventive interventions Providing quality malaria diagnosis and treatment to patients. Generating and using strategic information at all levels.
Action(s)/Intervention(s): <ul style="list-style-type: none"> Distributing ITNs to target population. Providing BCC messages to target population. Supporting distribution of RDTs and ACTs to health providers. Testing suspected malaria cases, and treating & tracking all confirmed cases. Training and supervising health workers on quality malaria diagnosis and treatment according to national treatment guidelines. Providing malaria technical supervision to HF staff and VMWs. Organizing malaria logistic management training for HF/OD/PHD staff. Providing technical support to counterparts in Cambodia to generate, utilize and share strategic information.
Geographic Coverage: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand.
Origin of indicator: Existing PMP Indicator <input type="checkbox"/> Existing Project Indicator <input checked="" type="checkbox"/> IP2 Global/Regional Indicator ____, specify;_____ New Indicator ____ Other, specify;_____
Is this a Performance Planning and Report (PPR) indicator? No <input checked="" type="checkbox"/> Yes ____; PPR Indicator No____ for reporting year(s)_____
Is this a current Foreign Assistance Framework (“F”) indicator? No <input checked="" type="checkbox"/> Yes ____ If yes, indicator No. ____, for reporting year(s)_____, program area/element/sub-element_____
DESCRIPTION

Indicator Definition(s) & Unit of Measure:				
$IP2 = \frac{\text{Numerator}}{\text{Denominator}} \times 100,000$				
<ul style="list-style-type: none"> • Inpatient deaths due to confirmed malaria from monthly hospital records. • Public health facilities with inpatient services: <ul style="list-style-type: none"> ○ Burma: district hospital and state hospital. ○ Cambodia: former district hospital, district referral hospital and provincial referral hospital. ○ Thailand: district hospital and provincial hospital. • CAP-Malaria target areas: priority malaria endemic areas as determined by CAP-Malaria project and NMCPs and agreed upon by PMI/USAID. • <u>Numerator:</u> number of inpatient deaths due to malaria annually in target areas. • <u>Denominator:</u> mid-year population in CAP-Malaria target areas. • <u>Unit of measurement:</u> number of deaths per 100,000 populations. 				
Disaggregated by: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand.				
Data Collection: data extracted from national health information system and national malaria information system.				
Data Source(s): national health information system and national malaria information system.				
Reporting Frequency: Annually				
DATA QUALITY				
Date of Previous Data Quality Assessment & Reviewer:				
Date of the Next Data Quality Assessment:				
Known Data Limitations: Mid-year population used as denominator is not regularly updated in Burma and Cambodia. The number may not represent the real population-at-risk for malaria. Migrant population is not well-accounted for.				
Actions Taken or Planned to Address the Data Limitation: Updating the denominator when new census statistics become available.				
CHANGES TO INDICATOR				
Change to Indicator: None				
Other Notes: None				
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, and COP.				
This sheet was last reviewed & approved on: _____, by: _____				

OC1: Percentage of residents in CAP-Malaria target areas that slept under ITN the previous night
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas.
IR1: Increased use of preventive measures among population at risk in CAP-Malaria areas.
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): <ul style="list-style-type: none"> Distributing ITNs in CAP-Malaria target areas. Providing BCC messages to residents in CAP-Malaria target areas.
Action(s)/Intervention(s): <ul style="list-style-type: none"> Distributing ITNs to residents in CAP-Malaria target areas. Providing malaria messages to residents in CAP-Malaria target areas. Household surveys to assess the ITN use.
Geographic Coverage: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma.
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> OC1 Global/Regional Indicator ____, specify; __ New Indicator ____ Other, specify; __
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes __; PPR Indicator No. __, for reporting year(s) __ Year 1 and Year 5__
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes __ If yes, indicator No. __, for reporting year(s) __, program area/element/sub-element __
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> $\text{OC1} = \frac{\text{Numerator}}{\text{Denominator}} \times 100$ </div> <ul style="list-style-type: none"> Numerator: Number of residents in CAP-Malaria target areas who reported to have slept under an ITN the night prior to the household survey. Denominator: Total number of residents in the households surveyed. Unit of measurement: percentage
Disaggregated by: Country
Data Collection: Baseline and end line household surveys
Data Source(s): CAP-Malaria household survey reports
Reporting Frequency: Baseline and End line
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: Not applicable
Date of the Next Data Quality Assessment: None

<p>Known Data Limitations:</p> <p>Burma: Baseline HH surveys were not done at the same time as the project in Burma experienced gradual step-up and expansion of activities and geographical coverage. Therefore the time interval between baseline and end line will vary for individual target townships. No data for Thailand collected as the survey was not done on resident population.</p> <p>Cambodia: Baseline data come from two different surveys. One survey was done in September 2011 by CAP-Malaria predecessor (MCC project), and the other survey was done in non-MCC overlapping areas in August 2012.</p>
<p>Actions Taken or Planned to Address the Data Limitation: Caution in data interpretation and reporting</p>
<p style="text-align: center;">CHANGES TO INDICATOR</p>
<p>Change to Indicator: No</p>
<p>Other Notes: no</p>
<p>This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.</p>
<p>This sheet was last reviewed & approved on: _____, by: _____</p>

<p>OC2: Percentage of migrant workers in CAP-Malaria target areas who slept under an ITN the previous night</p>
<p>Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas</p>
<p>IR1: Increased use of preventive measures among population at risk in CAP-Malaria target areas</p>
<p>Sub-IR No. & Name: None</p>
<p>Name of Project: Control and Prevention of Malaria (CAP-Malaria)</p>
<p>Activity(s):</p> <ul style="list-style-type: none"> • Distributing ITNs in CAP-Malaria target areas. • Providing BCC messages to residents in CAP-Malaria target areas.
<p>Action(s)/Intervention(s):</p> <ul style="list-style-type: none"> • Distributing ITNs to residents in CAP-Malaria target areas. • Providing malaria messages to residents in CAP-Malaria target areas. • Household surveys to assess ITN use (Burma and Cambodia) • Migrant household surveys to assess ITN use among migrants (Thailand)
<p>Geographic Coverage: Target districts in Burma and Cambodia, and Kraburi district in Thailand</p>
<p>Origin of indicator: Existing PMP Indicator __ Existing Project Indicator <u>X</u> OC2 Global/Regional Indicator __, specify; New Indicator __ Other, specify;__</p>
<p>Is this a Performance Planning and Report (PPR) indicator? No <u>x</u> Yes __; PPR Indicator No. __, for reporting year(s) _____</p>
<p>Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes __ If yes, indicator No. __, for reporting year(s) _____, program area/element/sub-element _____</p>
<p style="text-align: center;">DESCRIPTION</p>

Indicator Definition(s) & Unit of Measure:	
$OC2 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$	
<p>Percentage of migrant workers in CAP-Malaria target areas who slept under an ITN the night prior to the survey.</p> <ul style="list-style-type: none"> Numerator: Number of migrant workers in CAP-Malaria target areas who reported to have slept under an ITN the night prior to the survey. Denominator: Number of migrant workers interviewed in the survey. <p>In Burma, migrant is an individual who is not from the village where the net is distributed or not from the village where the survey is being conducted.</p> <p>In Cambodia, migrant is an individual who is not from the district where the net is distributed or not from the district where the survey is being conducted.</p> <p>In Thailand, migrant is an individual who is not a Thai national (resident).</p>	
Disaggregated by: Target district in Burma and Cambodia, Kraburi district only in Thailand	
Data Collection: Baseline and End line migrant surveys	
Data Source(s): CAP-Malaria baseline and end line migrant survey reports	
Reporting Frequency: Baseline and End line	
DATA QUALITY	
Date of Previous Data Quality Assessment & Reviewer: None	
Date of the Next Data Quality Assessment: None	
Known Data Limitations: Baseline data come from two different surveys. One survey was done in September 2011 by CAP-Malaria predecessor (MCC project), and the other survey was done in non-MCC overlapping areas in August 2012. Due to the mobile nature of migrant population, the population surveyed at end line may not be the same individual at baseline. In Thailand, baseline was conducted in Kraburi district only.	
Actions Taken or Planned to Address the Data Limitation: Caution in data interpretation. For Cambodia and Burma, it may require oversampling of migrants to ensure sufficient inclusion of migrants. In Thailand, interpretation can be made only for Kraburi district, the first district where the project initiated.	
CHANGES TO INDICATOR	
Change to Indicator: None	
Other Notes: None	
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.	
This sheet was last reviewed & approved on: _____, by: _____	

OC3: Percentage of uncomplicated malaria cases treated according to national malaria treatment guidelines in CAP-Malaria target areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and appropriate treatment increased among malaria patients in CAP-Malaria areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)

Activity(s): <ul style="list-style-type: none"> Case management training for health staff and community level providers Expansion of community level malaria service delivery points in project target area.
Action(s)/Intervention(s): <ul style="list-style-type: none"> Case management training for health workers and VMWs. Contributing to periodic revision of national treatment guidelines in Cambodia. Developing national malaria technical supervision tools in Cambodia. Training and supporting the OD supervisors in Cambodia to conduct technical supervision of HFs. Training and supporting the HF supervisors or CAP-M project staff to conduct technical supervision of VMWs. Performing clinical audit in Cambodia Verifying source documents (patient registry form) in Burma and Thailand
Geographic Coverage: 11 ODs in Cambodia, 30 townships in Burma, 4 districts in Thailand
Origin of indicator: Existing PMP Indicator __ Existing Project Indicator. <u>X</u> OC3 Global/Regional Indicator __, specify; __ New Indicator __ Other, specify; __
Is this a Performance Planning and Report (PPR) indicator? No <u>x</u> Yes __; PPR Indicator No. __, for reporting year(s) __
Is this a current Foreign Assistance Framework ("F") indicator? No <u>X</u> Yes __ If yes, indicator No. __, for reporting year(s) __, program area/element/sub- element __
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> $OC3 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$ </div> <ul style="list-style-type: none"> Numerator: Number of uncomplicated malaria cases treated according to national malaria treatment guidelines in CAP-Malaria target areas. Denominator: Total number of uncomplicated malaria cases treated in CAP-Malaria targets areas. In Cambodia, the data comes from clinical audit. If there are less than 30 cases during the audit, then review all cases, otherwise randomly selected cases if there are more than >30 cases. In Thailand and Burma, denominator comes from patient's registration, and should be the same number as OP10, number of confirmed cases treated. Unit of measurement: percentage
Disaggregated by: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand.
Data Collection: Clinical audit.
Data Source(s): CAP-Malaria clinical audit reports.
Reporting Frequency: Semi-annually clinical audit. Quarterly progress report.
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: Data from private providers may either be under-reported or unavailable.
Actions Taken or Planned to Address the Data Limitation: Intensify efforts to get data from some private providers.
CHANGES TO INDICATOR

Change to Indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: ____, by: _____

OP1F: Number of ITNs purchased by other partners that were distributed with USG funds.
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas.
IR1: Increased use of preventive measures among population at risk in CAP-Malaria areas
Sub-IR No. & Name: None
Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): LLIN distribution
Action(s)/Intervention(s): <ul style="list-style-type: none"> Supporting some logistics and transportation costs related to the household census done by CNM to estimate LLIN needs. Delivering BCC messages on consistent ITN use. Supporting the transportation of LLINs to villages. Participating in LLIN distribution. Following up the LLIN use.
Geographic Coverage: 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand
Origin of indicator: Existing PMP Indicator <u> X </u> Existing Project Indicator <u> X </u> Global/Regional Indicator ____, specify; _____ New Indicator ____ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u> X </u> ; PPR Indicator No. ____, for reporting year(s) <u> all </u>
Is this a current Foreign Assistance Framework (“F”) indicator? No ____ Yes <u> X </u> If yes, <u>No.OP1F</u> , for reporting year(s): <u> All </u> , program area/element/sub element ____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <ul style="list-style-type: none"> ITNs include LLINs and LLHINs. Number of ITNs purchased by other partners and distributed with USG funds. Unit of measurement: Number of ITNs.
Disaggregated by: Project Country. Burma, Cambodia, and Thailand.
Data Collection: Routine project tracking
Data Source(s): Project records
Reporting Frequency: Quarterly progress, Semi-annual
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: April 2015 by Pratin Dharmarak and Jittinee Khienvichit
Date of the Next Data Quality Assessment: CAP-Malaria support field staff to conduct routine DQA on quarterly basis; external DQA by RDMA is conducted annually on selected indicators.

Known Data Limitations: This indicator does not measure ITN coverage after distribution. This indicator does not measure the extent of net use among the target populations.
Actions Taken or Planned to Address the Data Limitation: This indicator should be interpreted along with other malaria prevention indicators.
CHANGES TO INDICATOR
CHANGES TO INDICATOR: None
Other Notes: -
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP2F: Number of ITNs purchased in any fiscal years with USG funds that were distributed
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR1: Increased use of preventive measures among population at risk in CAP-Malaria areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): ITNs census and ITNs distribution
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Forecasting ITNs needs and/ or supporting some logistics for net distribution. • Distributing ITNs. • Providing BCC messages on consistent ITN use. • Following up the net use.
Geographic Coverage: Project country. Burma, Cambodia, Thailand
Origin of indicator: Existing PMP Indicator <u>X</u> Existing Project Indicator <u>X</u> Global/Regional Indicator ____, specify; ____ New Indicator ____ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No __ Yes <u>X</u> ; PPR Indicator No. <u>OP2F</u> , for reporting year(s) <u>all</u>
Is this a current Foreign Assistance Framework (“F”) indicator? No __ Yes <u>X</u> If Yes, No. _____, for reporting year(s): <u>all</u> - program area/element/sub-element__
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of LLINs and LLHINs purchased with USG fund and distributed to population in CAP-Malaria target area. Conventional nets treated with insecticides are not included. Unit of measurement: Number of nets
Disaggregated by: Project country (CAP-Malaria target area only). 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand.
Data Collection: document review
Data Source(s): project records, ITN census and distribution form.
Reporting Frequency: Quarterly progress, Semi-annually
DATA QUALITY

Date of Previous Data Quality Assessment & Reviewer: April 2015 Pratin Dharmarak and Jittinee Khienvichit
Date of the Next Data Quality Assessment: CAP-Malaria support the OD staff to conducts routine DQA on quarterly basis; external DQA by RDMA is conducted semi-annually on selected indicators
Known Data Limitations: None
Actions Taken or Planned to Address the Data Limitation: None
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP3F: Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Train health workers in malaria case management with artemisinin-based combination therapy (ACTs)
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Training on case management for health workers • Preparing training curriculum that has been adapted to national treatment guidelines. • Developing and distributing job aids to the health workers in CAP-Malaria target areas. • Organizing supportive malaria technical supervision at service delivery points. • Facilitating the distribution of RDT/ACT to service delivery points.
Geographic Coverage: Project country. 11 ODs in Cambodia, 30 townships in Burma and 5 districts in Thailand
Origin of indicator: Existing PMP Indicator <u> X </u> Existing Project Indicator <u> X </u> Global/Regional Indicator <u> </u> , specify; <u> </u> New Indicator <u> </u> Other, specify; <u> </u>
Is this a Performance Planning and Report (PPR) indicator? No <u> </u> Yes <u> X </u> ; PPR Indicator No. <u> </u> , for reporting year(s) <u> Oct-14-Sep-15 </u>
Is this a current Foreign Assistance Framework (“F”) indicator? No <u> </u> Yes <u> X </u> If Yes, <u>No.OP3F</u> for reporting year(s): <u>all reporting periods</u> , program area/element/sub-element <u> </u>
DESCRIPTION

Indicator Definition(s) & Unit of Measure: <p>Health workers include service providers from public health facility staff, VMWs/MMWs, private providers, screening point providers, mobile outreach team, and malaria post/border malaria post workers who were trained by CAP-Malaria in malaria case management with ACT using USG funds.</p> <p>For inclusion into TraiNET, training must have a minimum of 16 contact hours.</p> <p>Only individuals who have successfully completed their training should be counted. Individuals who received training more than one time should only be counted only once during a reporting period to avoid double counting.</p> <p>Unit of measurement: Number of health workers.</p>
Disaggregated by: Sex, type of provider, and project country
Data Collection: Routine project tracking, training registration sheet
Data Source(s): Training records and attendance list, training agenda
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: March/April 2015 by Pratin Dharmarak and Jittinee Khienvichit
Date of the Next Data Quality Assessment: CAP-Malaria conducts routine DQA on quarterly basis; external DQA by RDMA is conducted annually on selected indicators.
Known Data Limitations: Measurement of individuals trained serves as a process indicator and may not reflect knowledge acquired or behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address the Data Limitation: None
CHANGES TO INDICATOR
Change to Indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP4F: Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy) with USG funds
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Train health workers in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) or microscopy) with USG funds

Action(s)/Intervention(s): <ul style="list-style-type: none"> • Training needs assessment on microscopy skills • Revise the training curriculum according to national microscopy policy • Training of project and government staff • Provide materials including microscopes, slides, reagents, gloves to fill gaps • Produce job aid materials, conduct training and distribute materials during the training session
Geographic Coverage: Project country (target areas) 11 ODs in Cambodia, 30 townships in Burma and 5 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> Global/Regional Indicator ____, specify; _____ New Indicator ____ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u>X</u>
Is this a current Foreign Assistance Framework (“F”) indicator? No ____ Yes <u>X</u> If yes, indicator No. <u>OP4F</u> , for reporting year(s): <u>all reporting periods</u> , program area/element/sub-element__
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <p>Number of health workers including laboratory microscopists and service providers from public health facility staff and VMWs/MMWs, private providers, screening point providers, mobile outreach team, malaria post providers, who are trained in RDT/microscopy</p> <p>Number of laboratory technicians and health workers including service providers from public health facility staff, VMWs/MMWs, private providers, screening point providers, mobile outreach team, and malaria post/border malaria post workers trained by CAP-Malaria in malaria diagnostics.</p> <p>For inclusion into TraiNET, training must have a minimum of 16 contact hours.</p> <p>Only individuals who have successfully completed their training should be counted. Individuals who received training more than one time should only be counted only once during a reporting period to avoid double counting.</p> <p>Unit of measurement: Number of health workers.</p>
Disaggregated by: Sex, service provider type, and project country
Data Collection: Routine project tracking, training registration sheet
Data Source(s): Training records and attendance lists, training agenda
Reporting Frequency: Quarterly progress; semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: March/April 2015 by Pratin Dharmarak and Jittinee Khienvichit; February 2015 by CAP-Malaria
Date of the Next Data Quality Assessment: External DQA by RDMA is conducted semi-annually on selected indicators, Internal RDQA in Aug,2015 by CAP-Malaria
Known Data Limitations: Measurement of individuals trained serves as a process indicator and may not reflect knowledge acquired or behavior change, the desired outputs and outcomes. Additionally variations in training duration, intensity, appropriateness, efficacy, and repetition are not captured.
Actions Taken or Planned to Address the Data Limitation: None
Change to Indicator:
Change to indicator: None

Other Notes: The CAP-Malaria M&E plan was never approved thus this should be considered as the first PIRS
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP5F: Number of RDTs purchased in any fiscal year with USG funds that were distributed to health facilities by CAP-Malaria
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Forecasting and distribution of RDTs with USG funds to health facilities and VMW/MMWs
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Forecast of RDT needs in CAP-Malaria target areas and share this with Deliver project • Supply RDTs to all service delivery points in CAP-Malaria target areas • Follow-up the RDT stock status every month in CAP-Malaria target areas to prevent stock out • Respond to unanticipated needs by providing additional stock to the areas in need
Geographic Coverage: Project country. 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> Global/Regional Indicator ____, specify: ____ New Indicator... Other, specify; ____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u>X</u> ; PPR Indicator No. OP5F __, for reporting year(s): all reporting periods
Is this a current Foreign Assistance Framework (“F”) indicator? No ____ Yes <u>X</u> If yes, indicator <u>No.OP5F</u> , for reporting year(s): <u>All</u> , program area/element/sub element ____
DESCRIPTION

<p>Indicator Definition(s) & Unit of Measure:</p> <p>Number of RDTs purchased in any fiscal year with USG funds that were distributed to health facilities and VMWs/MMWs by CAP-Malaria in the target areas.</p> <p>In Burma, RDTs are distributed to VMWs and private providers, screening point providers and malaria outreach team in CAP-Malaria target areas.</p> <p>In Cambodia, RDTs are distributed to public health facilities (health centers, referral hospitals), VMWs and private providers in CAP-Malaria target areas.</p> <p>In Thailand, health facilities include Malaria Posts and Malaria Posts workers supported by the project, health Promotion Hospitals where CAP-Malaria provided training and support for supervision are also included.</p> <p>Unit of measurement: Number of RDTs purchased in any fiscal year with USG funds that were distributed.</p>
Disaggregated by: Burma and Cambodia
Data Collection: Document review of project records on quantity of RDT stock at various level and distribution records and stock inventory forms at CAP-Malaria warehouse, CAP-Malaria field offices, and service delivery points.
Data Source(s): RDT delivery notes, stock inventory forms at warehouse and delivery destination
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: April 2015 by Pratin Dharmarak and Jittinee Khienvichit
Date of the Next Data Quality Assessment: External DQA by RDMA is conducted semi-annually on selected indicators; Internal RDQA by CAP-Malaria in Aug 2015
Known Data Limitations: CAP-Malaria can routinely track the commodity until it reaches its final destination; however, it is possible that HF staff could tamper with the shipment or remove commodities from boxes after they reach the HF.
Actions Taken or Planned to Address the Data Limitation: CAP-Malaria compares delivery notes and use with final balance when more commodities are requested. This is also verified during routine supervision.
CHANGES TO INDICATOR
Change to indicator: None
Other Notes:
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: ____, by: _____

OP6F: Number of ACTs purchased in any fiscal year with USG funds that were distributed to health facilities by CAP-Malaria
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None

Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Forecasting and distribution of ACTs with USG funds to health facilities and VMW/MMWs
Action(s)/Intervention(s): <ul style="list-style-type: none"> Forecasting of ACTs needs in CAP-Malaria target areas and share this with Deliver Project (Burma) Facilitating the delivery of ACTs to all service delivery points in CAP-Malaria target areas (Burma and Cambodia) Following -up the ACTs stock status every month in CAP-Malaria target areas to prevent stock out (Burma and Cambodia) Responding to unanticipated needs by providing/facilitating the delivery of additional ACTs to the areas in need (Burma and Cambodia)
Geographic Coverage: 30 townships in Burma
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u> X </u> Global/Regional Indicator ____, specify; _____ New Indicator..... Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u> X </u> ; If Yes, PPR Indicator No. OP6F for reporting year(s) <u> all </u>
Is this a current Foreign Assistance Framework (“F”) indicator? No ____ Yes <u> X </u> If yes, indicator <u>No.OP6F</u> , for reporting year(s): <u>All</u> , program area/element/sub element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of ACT purchased in any fiscal year with USG funds that were distributed to health facilities and VMWs/MMWs by CAP-Malaria in its target areas. Unit of measurement: number of treatment course of ACT
Disaggregated by: Burma
Data Collection: Document review of project records on quantity of ACT stock at various level and distribution records and stock inventory forms at CAP-Malaria warehouse, CAP-Malaria field offices, and service delivery points.
Data Source(s): RDT delivery notes, stock inventory forms at warehouse and delivery destination
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: April 2015 by Pratin Dharmarak and Jittinee Khienvichit
Date of the Next Data Quality Assessment: external DQA by RDMA is conducted semi-annually on selected indicators; Internal RDQA in Aug,2015
Known Data Limitations: None
Actions Taken or Planned to Address the Data Limitation: None
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP7: Number of individuals reached with malaria behavior change messages through interpersonal communication in CAP-Malaria targeted areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR1: Increased use of preventive measures among population at risk in CAP-Malaria areas.
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Providing BCC messages through IPC to target population in CAP-Malaria targeted areas.
Action(s)/Intervention(s): <ul style="list-style-type: none"> Developing BCC materials such as flipcharts, leaflets, posters, and billboards and pre-testing them on target audience. Training VMW/MMWs, on how to properly conduct malaria health education sessions. Supervised VMWs or volunteers to provide HE/IPC to target audience.
Geographic Coverage: Project country. 11 ODs in Cambodia, 30 townships in Burma and 4 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u> X </u> Global/Regional Indicator ____, specify; _____ New Indicator ____ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u> X </u> ; PPR Indicator No <u> OP7 </u> , for reporting year(s): <u> all </u>
Is this a current Foreign Assistance Framework (“F”) indicator? No <u> X </u> Yes ____ If yes, indicator No. __, for reporting year(s) _____, program area/element/sub-element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <ul style="list-style-type: none"> Number of people reached through IPC (face-to-face communication) with malaria BCC messages conducted in CAP-Malaria target areas. <p>IPC includes HE provided by volunteers, health staff or project staff through face-to-face activities with individual.</p> <p>Unit of measurement: number of people reached by IPC</p>
Disaggregated by: Project country and by gender
Data Collection: The project has established tracking mechanisms using a simple form to count the number of people reached for each HE session. In Thailand, health education monthly reports forms are used for IPC activities, where SOPs are provided. To count as IPC, the session must be conducted face-to-face with individual audience or small groups that allow for interactions and inquiry.
Data Source(s): project staff record the number of HE session and number of beneficiaries. In Thailand, HE monthly report form
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY

Date of Previous Data Quality Assessment & Reviewer: April 2015 by Pratin Dharmarak and Jittinee Khienvichit and in February 2015 by CAP-Malaria
Date of the Next Data Quality Assessment: External DQA by RDMA is conducted semi-annually on selected indicators; Internal RDQA by CAP-Malaria in Aug, 2015.
Known Data Limitations: The indicator does not indicate how many among those reached by IPC actually know how to prevent malaria.
Actions Taken or Planned to Address the Data Limitation: This indicator should be interpreted along with other indicators in the baseline and end line survey.
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP8: Number of malaria tests in CAP-Malaria target areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Providing malaria case management training to HF staff and VMW. Testing of suspected cases and treatment of all confirmed malaria cases in CAP-Malaria target areas.
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Testing suspected cases • Treating and tracking of all confirmed malaria cases • Training and supervision health workers on quality of malaria diagnosis and treatment. • Organizing malaria logistic management training for HF/OD/PHD staff
Geographic Coverage: Project country. 11 ODs in Cambodia, 30 townships in Burma and 5 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> Global/Regional Indicator ____, specify; _____ New Indicator ____ other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u>X</u> ; No. <u>OP8</u> , for reporting year(s) ____ ALL ____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s) ____, program area/element/sub-element ____
DESCRIPTION

<p>Indicator Definition(s) & Unit of Measure:</p> <p>Number of malaria tests performed by either RDT and/or microscopy supported directly or indirectly by CAP-Malaria in target areas.</p> <p>In Burma, malaria tests reported from project's VMWs and private providers, screening point providers and malaria outreach team in CAP-Malaria target areas. These numbers are included in the national MIS and are reported to USAID for progress report purposes only.</p> <p>In Cambodia, malaria tests reported from VMWs, public health facilities (health centers, referral hospitals), and private sectors in CAP-Malaria target areas. These numbers are included in the national MIS and are reported to donors for progress report purposes only.</p> <p>In Thailand, malaria tests screened and identified through CAP-Malaria direct and indirect supported activities are reported. These include Malaria Posts and Malaria Posts workers supported by the project. Health Promotion Hospitals where CAP-Malaria provided training and support for supervision are also included. These numbers are included in the national MIS and are reported to donors for progress report purpose only.</p> <p>Unit of measurement: Number of malaria tests performed</p>
<p>Disaggregated by: Age group (under-five, over-five), by providers, by malaria species, by project country, and by resident and migrants for Thailand. Data also disaggregated by activities type or providers e.g. community workers, VMWs/MPWs, project staff, health facility staff.</p>
<p>Data Collection: Data is collected from service delivery points using national monthly report forms</p>
<p>Data Source(s): HIS/MIS system in Cambodia; project records (patient registration) and MIS in Thailand; project records (patient registration) in Burma.</p>
<p>Reporting Frequency: Quarterly progress, semi-annually</p>
<p>DATA QUALITY</p>
<p>Date of Previous Data Quality Assessment & Reviewer: May 2015 by Pratin Dharmarak and Dr. Rida Slot</p>
<p>Date of the Next Data Quality Assessment: CAP-Malaria conducts routine DQA on quarterly basis; external DQA by RDMA is conducted semi-annually on selected indicators</p>
<p>Known Data Limitations:</p> <p>In Cambodia, CAP-Malaria does not collect this data directly; it relies on accuracy of HIS/MIS.</p> <p>In Thailand, CAP-Malaria does not collect the source document (patient registry) directly, but obtain a copy of source document from District Health Office, hence, data reporting may experience some delay. In Burma, verification of sub-grants activities is more challenging due to the distance and remoteness of the operational sites, hence, data reporting may experience some delay.</p>
<p>Actions Taken or Planned to Address the Data Limitation:</p> <p>In Cambodia, RDQA Coaching for Government HIS/MIS staff done at HF/OD/PHD levels is ongoing.</p> <p>In Thailand, the use of smartphone chat application is used to snap pictures of source document by FCs and send to FTC in Bangkok office should reduce the delay reporting.</p>
<p>CHANGES TO INDICATOR</p>
<p>Change to indicator: None</p>
<p>Other Notes: None</p>

This sheet was last updated on: 14-Aug-15, **by:** Regional M&E Advisor and COP.

It was last reviewed & approved on: _____, **by:** _____

OP9: Number of confirmed malaria cases in CAP-Malaria target areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Providing malaria case management training to HF staff and VMW. Testing of suspected cases and treatment of all confirmed malaria cases in CAP-Malaria target areas.
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Testing suspected cases • Treating and tracking of all confirmed malaria cases • Training and supervision health workers on quality of malaria diagnosis and treatment. • Organizing malaria logistic management training for HF/OD/PHD staff
Geographic Coverage: Project country. 11 ODs in Cambodia, 30 townships in Burma and 5 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> Global/Regional Indicator ____, specify; _____ New Indicator ____ other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u>X</u> ; No. <u>OP8</u> , for reporting year(s) ____ ALL ____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s) ____, program area/element/sub-element ____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of malaria cases confirmed by either RDT and/or microscopy supported by CAP-Malaria. In Burma, confirmed cases reported from project’s VMWs and private providers, screening point providers and malaria outreach team implemented by CAP-Malaria in the target areas only. These numbers are included in the national MIS and are reported to USAID for progress report purpose only. In Cambodia, reported cases from VMWs, public health facilities (health centers, referral hospitals), and private sectors in CAP-Malaria target areas. These numbers are included in the national MIS and are reported to donors for progress report purpose only. In Thailand, confirmed cases screened and identified through CAP-Malaria supported activities are included in this indicator. These include malaria testing services at Malaria Posts and/or Malaria Posts workers supported by the project. Malaria testing services at Health Promotion Hospitals where CAP-Malaria provided not only training but also support for supervision are also included. These numbers are included in the national MIS and are reported to donors for progress report purpose only. Unit of measurement: Number of confirmed malaria cases

Disaggregated by: Age group (under-five, over-five), by providers, by malaria species, by project country, and by resident and migrants for Thailand. Data also disaggregated by activities type or providers e.g. community workers, VMWs/MPWs, project staff, health facility staff.
Data Collection: Data is collected from service delivery points using national monthly report forms
Data Source(s): HIS/MIS system in Cambodia; project records (patient registration) and MIS in Thailand; project records (patient registration) in Burma.
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: May 2015 by Pratin Dharmarak and Dr. Rida Slot
Date of the Next Data Quality Assessment: CAP-Malaria conducts routine DQA on quarterly basis; external DQA by RDMA is conducted semi-annually on selected indicators
<p>Known Data Limitations:</p> <p>In Cambodia, CAP-Malaria collects data for activities directly supported by the project including VMWs and PPs. For data collected at health centers and referral hospitals, CAP-Malaria does not collect this data directly; it relies on accuracy of HIS/MIS.</p> <p>In Cambodia, CAP-Malaria collects data for activities directly supported by the project including VMWs and PPs. For data collected at health centers and referral hospitals, CAP-Malaria does not collect this data directly; it relies on accuracy of HIS/MIS.</p> <p>In Thailand, CAP-Malaria does not collect the source document (patient registry) directly, but obtain a copy of source document from District Health Office, hence, data reporting may experience some delay. In Burma, verification of sub-grants activities is more challenging due to the distance and remoteness of the operational sites, hence, data reporting may experience some delay.</p>
<p>Actions Taken or Planned to Address the Data Limitation:</p> <p>In Cambodia, RDQA Coaching for Government HIS/MIS staff done at HF/OD/PHD levels is ongoing.</p> <p>In Thailand, the use of smartphone chat application is used to snap pictures of source document by FCs and send to FTC in Bangkok office should reduce the delay reporting.</p>
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP10: Number of malaria cases treated in CAP-Malaria target areas
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR2: Use of quality malaria diagnostics and treatment increased among malaria patients in CAP-Malaria target areas
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Providing malaria case management training to HF staff and VMW. Testing of suspected cases and treatment of all confirmed malaria cases in CAP-Malaria target areas.
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Testing suspected cases • Treating and tracking of all confirmed malaria cases • Training and supervision health workers on quality of malaria diagnosis and treatment. • Organizing malaria logistic management training for HF/OD/PHD staff
Geographic Coverage: Project country. 11 ODs in Cambodia, 30 townships in Burma and 5 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> Global/Regional Indicator ____, specify;____ New Indicator ____ other, specify;____
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u>X</u> ; No. <u>OP8</u> , for reporting year(s)____ ALL ____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s)____, program area/element/sub-element ____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of malaria cases treated through directly support by CAP-Malaria. In Burma, confirmed malaria cases reported from project’s VMWs and private providers, screening point providers and malaria outreach team in CAP-Malaria target areas. These numbers are included in the national MIS and are reported to USAID for progress report purpose only. In Cambodia, reported cases from VMWs, public health facilities (health centers, referral hospitals), and private sectors in CAP-Malaria target areas. These numbers are included in the national MIS and are reported to USAID for progress report purpose only. In Thailand, confirmed malaria cases screened and identified through CAP-Malaria supported activities are reported. These include Malaria Posts and Malaria Posts workers supported by the project. Health Promotion Hospitals where CAP-Malaria provided not only training but also support for supervision are also included. These numbers are included in the national MIS and are reported to USAID for progress report purpose only. Unit of measurement: Number of malaria cases treated
Disaggregated by: Age group (under-five, over-five), by providers, by malaria species, by project country, by resident and migrants for Thailand. Data also disaggregated by activities type or providers e.g. community workers, VMWs/MPWs, project staff, health facility staff.
Data Collection: Data is collected from service delivery points using national monthly report forms

Data Source(s): HIS/MIS system in Cambodia; project records (patient registration) and MIS in Thailand; project records (patient registration) in Burma.
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: May 2015 by Pratin Dharmarak and Dr. Rida Slot
Date of the Next Data Quality Assessment: CAP-Malaria conducts routine DQA on quarterly basis; external DQA by RDMA is conducted semi-annually on selected indicators
<p>Known Data Limitations:</p> <p>In Cambodia, CAP-Malaria collects data for activities directly supported by the project including VMWs and PPs. For data collected at health centers and referral hospitals, CAP-Malaria does not collect this data directly; it relies on accuracy of HIS/MIS.</p> <p>In Thailand, CAP-Malaria does not collect the source document (patient registry) directly, but obtain a copy of source documents from District Health Office, hence, data reporting may experience some delay.</p> <p>In Burma, verification of sub-grants activities is more challenging due to the distance and remoteness of the operational sites, hence, data reporting may experience some delay.</p>
<p>Actions Taken or Planned to Address the Data Limitation:</p> <p>In Cambodia, RDQA Coaching for Government HIS/MIS staff done at HF/OD/PHD levels is ongoing.</p> <p>In Thailand, the use of smartphone chat application is used to snap pictures of source document by FCs and send to FTC in Bangkok office should reduce the delay reporting.</p>
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Advisor.
It was last reviewed & approved on: _____, by: _____

OP11: Number of malaria case maps developed and used (Sampov Loun OD, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
<p>Activity(s):</p> <ul style="list-style-type: none"> • Provide case management training to test and treat all confirmed malaria cases in CAP-Malaria target areas • Geo-map development (Cambodia) based on village case reports

Action(s)/Intervention(s): <ul style="list-style-type: none"> • Testing treating and tracking of all confirmed malaria cases • Training and supervising health workers on quality of malaria diagnosis and treatment. • Organizing malaria logistics management training for HF/OD/PHD staff • Updating GPS coordinates at villages in CAP-Malaria target ODs • Tracking of confirmed malaria cases and population by villages • Developing Geo-maps
Geographic Coverage: SPL OD in Cambodia only
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator Global/Regional Indicator ____, Specify ____, New Indicator <u>X</u> No. OP9 other, specify: __
Is this a Performance Planning and Report (PPR) indicator? No ____ Yes <u>X</u> ; No. OP9, for reporting year(s) ____ 5 ____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s) ____, program area/element/sub-element ____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of GPS-based malaria case maps developed and used in SPL elimination area. Unit of measurement: Number of maps
Disaggregated by: Village
Data Collection: MOH/NMCP staff collects data from the public health facilities and village malaria workers using the MOH data collection forms in all CAP-Malaria ODs.
Data Source(s): HIS/MIS system
Reporting Frequency: Semi-annually but tracked monthly
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: None.
Actions Taken or Planned to Address the Data Limitation: None
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: ____, by: _____

OP12: Number of CAP-Malaria target areas with AOP developed based on project strategic information (Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Generate project strategic information and develop annual operational plan (AOP).
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Generating strategic information and developing annual operational plan (AOP)
Geographic Coverage: 11 ODs in Cambodia

Origin of indicator: Existing PMP Indicator <input checked="" type="checkbox"/> X_ Existing Project Indicator <input type="checkbox"/> ____ Global/Regional Indicator <input type="checkbox"/> ____, specify; _____ New Indicator X_OP10____ other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No <input checked="" type="checkbox"/> X_ Yes <input type="checkbox"/> __; No. for reporting year(s): all
Is this a current Foreign Assistance Framework (“F”) indicator? No <input checked="" type="checkbox"/> X_ Yes <input type="checkbox"/> ____ If yes, indicator No. ____, for reporting year(s) _____, program area/element/sub- element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of CAP-Malaria target ODs with AOP developed based on project strategic information CAP-Malaria target areas: 11 ODs in Cambodia Unit of measurement: Number of target ODs
Disaggregated by: Country and ODs
Data Collection: Stakeholder’s meeting notes
Data Source(s): Project record, AOP document endorsed by CNM
Reporting Frequency: Annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: None.
Actions Taken or Planned to Address the Data Limitation: None
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP13: Percentage of CAP-Malaria target areas that organize strategic information dissemination workshops
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Generate project strategic information and develop annual operational plan (AOP).
Action(s)/Intervention(s): Generate project strategic information and organize workshop to disseminate it.
Geographic Coverage: 11 ODs in Cambodia.
Origin of indicator: Existing PMP Indicator <input type="checkbox"/> ____ Existing Project Indicator <input type="checkbox"/> ____ Global/Regional Indicator <input type="checkbox"/> ____, specify; _____ New Indicator X_OP11 other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No <input checked="" type="checkbox"/> X_ Yes <input type="checkbox"/> __; No. , for reporting year(s) _____ ALL _____

Is this a current Foreign Assistance Framework (“F”) indicator? No <input checked="" type="checkbox"/> Yes If yes, indicator No. ____, for reporting year(s)_____, program area/element/sub-element_____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> $\text{OP13} = \frac{\text{Numerator}}{\text{Denominator}} \times 100$ </div> <p>Numerator: Number of CAP-Malaria ODs organizing SI dissemination workshops Denominator: Total number of CAP-Malaria ODs CAP-Malaria target areas: 11 ODs in Cambodia. Unit of measurement: Percentage of ODs</p>
Disaggregated by: 11 ODs in Cambodia
Data Collection: Documents review, data collected during project activities.
Data Source(s): Project records for CAP-Malaria activities for analysis.
Reporting Frequency: Annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer:
Date of the Next Data Quality Assessment:
Known Data Limitations: None
Actions Taken or Planned to Address the Data Limitation: None
CHANGES TO INDICATOR
Change to indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP14: Percentage of service delivery points experiencing stock-out of ACT
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): <ul style="list-style-type: none"> Organizing malaria logistic management training for HF/OD/ PHD staff. Auditing ACT stock status during technical supervision at HF/VMW.
Action(s)/Intervention(s): <ul style="list-style-type: none"> Supporting OD and HF staff to conduct technical supervision from OD to HC and from HC to VMWs. Participating in the development of technical supervision tools. Training of the ODs and HFs staff to perform auditing of ACT supplies during technical supervision and identify stock-out.

Geographic Coverage: 11 ODs in Cambodia, 30 townships in Burma, 5 districts in Thailand					
Origin of indicator: Existing PMP Indicator <input type="checkbox"/> Existing Project Indicator <input checked="" type="checkbox"/> <u>OP12</u> Global/Regional Indicator <input type="checkbox"/> , specify; <input type="checkbox"/> New Indicator <input type="checkbox"/> Other, specify; <input type="checkbox"/>					
Is this a Performance Planning and Report (PPR) indicator? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> PPR Indicator <input type="checkbox"/> No. <input type="checkbox"/> for reporting year(s) <input type="checkbox"/>					
Is this a current Foreign Assistance Framework ("F") indicator? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, indicator No. <input type="checkbox"/> , for reporting year(s) <input type="checkbox"/> , program area/element/sub-element <input type="checkbox"/>					
DESCRIPTION					
Indicator Definition(s) & Unit of Measure: <table border="1" style="margin: 10px auto; width: 60%;"> <tr> <td style="text-align: center;">OP14</td> <td style="text-align: center;">=</td> <td style="text-align: center;"> $\frac{\text{Numerator}}{\text{Denominator}}$ </td> <td style="text-align: center;">X</td> <td style="text-align: center;">100</td> </tr> </table> <p>Numerator: Number of service delivery points identified to have a stock out of ACT on the day of the visit.</p> <p>Denominator: All service delivery points visited during the reporting period.</p> <p>In Burma, service delivery points include those operated by VMWs and private providers in the project network. The visits are conducted by Team Leaders (Township level) Data Quality Officers (Regions/State level) or M&E staff (Yangon level) of CAP-Malaria.</p> <p>In Cambodia, service delivery points include VMWs, private providers, and public health facilities in the target districts. Monitoring visits of health facilities are conducted on a quarterly basis, while the monitoring visits of VMWs are conducted monthly.</p> <p>In Thailand, service delivery points include Malaria Posts and HPHs supported or trained by the project. Visits are conducted by District Health Office Staff accompanied by CAP-Malaria Field Coordinator. Selected MPs or HPS are visited each quarter.</p> <p>Stock out = Zero balance. Expired ACTs count as zero.</p> <p>Unit of measurement: Percentage of service delivery points</p>	OP14	=	$\frac{\text{Numerator}}{\text{Denominator}}$	X	100
OP14	=	$\frac{\text{Numerator}}{\text{Denominator}}$	X	100	
Disaggregated by: Country, ODs/townships					
Data Collection: Technical supervision visits/ monthly meeting for VMW					
Data Source(s): <ul style="list-style-type: none"> • CAP-Malaria project records. • In Cambodia, health facilities stock are checked against CAP-Malaria delivery notes, and monitoring reports. • In Burma, Private provider and VMW technical supervision tool/form is used. • In Thailand, MP monitoring form (Global Fund) is used. 					
Reporting Frequency: Quarterly progress, semi-annual.					
DATA QUALITY					
Date of Previous Data Quality Assessment & Reviewer: None					
Date of the Next Data Quality Assessment: None					
Known Data Limitations: An absence of expired commodities (ACT) alone does not guarantee product quality. This indicator does not provide indication of quality for non-expired commodities. Since the indicator consider ACT inventory on the day of the visit, the indicator does not capture stock-out that may have occurred in the past.					
Actions Taken or Planned to Address the Data Limitation: ACT quality are checked by project partners prior to procurement (JSI/Deliver) which procured only certify products. Following distribution of ACT, USP/PQM, another USAID/PMI partners, conduct random evaluation of drugs in Burma and Cambodia for testing. To ensure continuous supplies of ACT, ACT stocks are checked at the monthly VMW meetings and replenish monthly.					

CHANGES TO INDICATOR
Change to Indicator: None
Other Notes: None
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP15: Percentage of service delivery points experiencing stock out of RDT
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): <ul style="list-style-type: none"> Organizing malaria logistic management training for HF/OD/ PHD staff. Auditing RDT stock status during technical supervision at HF/VMW.
Action(s)/Intervention(s): <ul style="list-style-type: none"> Supporting OD and HF staff to conduct technical supervision from OD to HC and from HC to VMWs. Participating in the development of technical supervision tools. Training of the ODs and HFs staff to perform auditing of RDT supplies during technical supervision and identify stock-out.
Geographic Coverage: 11 ODs in Cambodia, 30 townships in Burma, 4 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator X <u>OP13</u> Global/Regional Indicator ____, specify;__ New Indicator ____ Other, specify;__
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes __; PPR Indicator ____, for reporting year(s)_____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s)_____, program area/element/sub- element_____
DESCRIPTION

Indicator Definition(s) & Unit of Measure:			
OP15	=	$\frac{\text{Numerator}}{\text{Denominator}} \times 100$	
<p>Numerator: Number of service delivery points identified to have a stock out of RDT on the day of the visit.</p> <p>Denominator: All service delivery points visited during the reporting period.</p> <p>In Burma, service delivery points include those services points operated by the VMWs and the private providers in the project network. The scheduled visits are conducted by the Team Leaders (Township level) Data Quality Officer (Regions/State level) or the M&E staff (Yangon level) of CAP-Malaria project.</p> <p>In Cambodia, service delivery points include VMWs, private providers, and public health facilities in the target districts. Monitoring visits of health facilities are conducted on a quarterly basis, while the monitoring visits of VMWs are conducted monthly.</p> <p>In Thailand, service delivery points include Malaria Posts and HPHs supported or trained by CAP-Malaria. The schedule visits are conducted by District Health Office Staff who can be accompanied by CAP-Malaria Field Coordinator. Selected MPs or HPS are visited each quarter.</p> <p>Stock out = Zero balance. Expired RDT count as zero.</p> <p>Unit of measurement: Percentage of service delivery points</p>			
Disaggregated by: Country, ODs, townships			
Data Collection: Technical supervision for HF/ monthly meeting for VMW, stock inventory form			
Data Source(s): Stock inventory form, delivery notes, patients' registry			
Reporting Frequency: Quarterly based for HFs/ monthly based for VMW			
DATA QUALITY			
Date of Previous Data Quality Assessment & Reviewer: None			
Date of the Next Data Quality Assessment: None			
Known Data Limitations: An absence of expired commodities (mostly drugs and RDT) does not guarantee product quality. This indicator does not provide indication of quality for non-expiry commodities. Since the indicator consider RDT inventory on the day of the visit, the indicator does not capture stock-out that may occurred at another time.			
Actions Taken or Planned to Address the Data Limitation: RDT quality is checked by project partners. To ensure continuous supplies of RDT, RDT stocks are checked at the monthly VMW meetings and replenish monthly.			
CHANGES TO INDICATOR			
Change to Indicator: None			
Other Notes: None			
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.			
It was last reviewed & approved on: _____, by: _____			

OP16: Percentage of <i>Pf/mix</i> cases followed up until day -3
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels

Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
No. & Name of Activity(s): Treatment follow-up of all malaria <i>Pf/mix</i> cases
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Training health workers on how to follow-up treated <i>Pf/mix</i> cases using the treatment follow up form. • Conducting <i>Pf/mix</i> case follow-up.
Geographic Coverage: Burma, Cambodia
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator <u>X</u> <u>OP14</u> Global/Regional Indicator ____, specify; _____ New Indicator ____ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes ____; PPR Indicator No. ____, for reporting year(s) _____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, or reporting year(s) <u>1-4</u> ____, program area/element/sub-element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> $OP16 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$ </div> <p>Numerator: Number of treated <i>Pf/mix</i> cases followed-up until day-3</p> <p>Denominator: Total number of treated <i>Pf/mix</i> cases enrolled for follow-up on Day 0</p> <p>Unit of measurement: Percentage</p> <p>Patients are enrolled on Day 0 (day of diagnosis) for DOT and Day 3 FU to determine parasite clearance following ACT treatment. The FU schedule requires Day 3 slide to be read by CAP-Malaria microscopists. Therefore, the activities are only done in selected area and only <i>Pf/mix</i> cases in the selected areas are eligible for enrollment.</p> <p>In Burma, the numerator includes <i>Pf/mix</i> cases completed DOT for every ACT dose on Day 0, 1, 2) and FU on Day 3.</p>
Disaggregated by: Burma and Cambodia
Data Collection: In Cambodia, interview of <i>Pf/mix</i> patients using treatment follow-up form. DOT/FU form filled up by VMWs or CAP-Malaria staff in Burma.
Data Source(s): Treatment follow-up report in Cambodia; DOT/FU form in Burma.
Reporting Frequency: Quarterly progress, semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: CAP-Malaria conducts routine DQA on quarterly basis
Known Data Limitations: For some groups such as mobile malaria patients and hard-to-reach population, follow-up may be difficult requiring both sustained efforts and financial supports. Only a proportion of <i>Pf/mix</i> cases will be enrolled on Day 0 for FU, hence, the indicator may be biased towards higher successful FU rate.

Actions Taken or Planned to Address the Data Limitation: Motivation will be put in place to encourage VMWs and patients to cooperate and complete follow-up. DOT and FU in Burma is in the early phase and only implemented in a small number of designated areas to determine best practices. Supervision of VMWs selected to conduct DOT and FU to ensure that all <i>Pf/mix</i> cases are enrolled.
CHANGES TO INDICATOR
CHANGES TO INDICATOR: None
Other Notes:
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP17: Percentage of <i>Pf/mix</i> cases with completed DOT
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR3: Use of strategic information for decision making increased at national and local levels
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
No. & Name of Activity(s): Providing treatment to <i>Pf/P mix</i> cases under directly observed therapy (DOT).
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Training health workers on malaria <i>Pf/P mix</i> treatment under DOT. • Treating all <i>Pf/P mix</i> cases under DOT. • Randomly verifying DOT through retrospective interview with <i>Pf/P mix</i> patients.
Geographic Coverage: 11 ODs in Cambodia, 30 townships in Burma and 5 districts in Thailand
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator_X_ OP15 Global/Regional Indicator ____, specify;____ New Indicator ____ Other, specify;____
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes __;PPR Indicator No.____, for reporting year(s)_____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes If yes, indicator No. ____, for reporting year(s)_all_, program area/element/sub-element_____
DESCRIPTION

Indicator Definition(s) & Unit of Measure:	
$OP17 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$	
<p>Numerator: Number of <i>Pf/mix</i> cases with completed DOT;</p> <p>Denominator: Number of <i>Pf/mix</i> cases treated enrolled under DOT</p> <p>Unit of measurement: Percentage of <i>Pf/mix cases</i></p> <p>DOT is conducted by VMW and in some cases CAP-Malaria staff (in Burma). DOT is implemented in selected areas.</p> <p>Patients are enrolled on Day 0 (day of diagnosis) for DOT. To count as complete DOT, patients must complete DOTs on all 3 days (Day 0, 1, 2).</p> <p>Unit of measure: Percentage of confirmed malaria cases</p>	
Disaggregated by: Burma and Cambodia	
Data Collection: In Cambodia, interview of <i>Pf/mix</i> patients using treatment follow-up form. DOT/FU form filled up by VMWs or CAP-Malaria staff in Burma.	
Data Source(s): DOT treatment follow-up forms	
Reporting Frequency: Quarterly progress, semi-annually	
DATA QUALITY	
Date of Previous Data Quality Assessment & Reviewer: None	
Date of the Next Data Quality Assessment: None	
Known Data Limitations: VMWs may not consistently comply with the DOT approach. Only a proportion of <i>Pf/mix</i> cases will be enrolled on Day 0 for DOT, hence, the indicator may be biased towards higher successful FU rate.	
Actions Taken or Planned to Address the Data Limitation: Motivation will be put in place to encourage VMWs and patients to cooperate and complete follow-up. DOT in Burma is in the early phase and only implemented in a small number of designated areas to determine best practices. Supervision of VMWs selected to conduct DOT to ensure that all <i>Pf/mix</i> cases are enrolled. Do regular DOT cross-checking.	
CHANGES TO INDICATOR	
Change to Indicator: None	
Other Notes: none	
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.	
It was last reviewed & approved on: _____, by: _____	

OP18: Number of provincial special working group for malaria elimination meeting organized (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR5: Model for malaria pre-elimination developed and implemented in SPL OD in Cambodia
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
No. & Name of Activity(s): Meetings held regularly

Action(s)/Intervention(s): Establish the special working group for malaria elimination in Cambodia
Geographic Coverage: Sampov Loun OD in Cambodia
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator ____ Global/Regional Indicator ____, specify; ____ New Indicator <input checked="" type="checkbox"/> <u>OP16</u> Other, specify; ____
Is this a Performance Planning and Report (PPR) indicator? No <input checked="" type="checkbox"/> Yes ____; PPR Indicator No. ____, for reporting year(s) _____
Is this a current Foreign Assistance Framework ("F") indicator? No <input checked="" type="checkbox"/> Yes ____ If yes, indicator No. ____, for reporting year(s) _____, program area/element/sub-element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of special working group for malaria elimination meetings
Disaggregated by: Sampov Loun OD in Cambodia
Data Collection: Meetings and meeting reports; document review of meeting reports, registration sheet, agenda
Data Source(s): CAP-Malaria record including meeting reports with listing of working group's agencies and representatives, registration sheets, agenda
Reporting Frequency: Semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: Meeting does not ensure collaboration between various agencies. On some occasions, the appropriate people are not available for the scheduled meetings.
Actions Taken or Planned to Address the Data Limitation: Accurate meeting notes are prepared which include recommendations for collaborations, focal persons and timeline for completion. Summary recommendations are translated to local languages to ensure that participants and key people at the participating agencies are up-to-date.
CHANGES TO INDICATOR
Change to Indicator: None
Other Notes: New indicator added in Y4 of CAP-Malaria project
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: ____, by: _____

OP19: Number of villages with no reported malaria cases (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR5: Model for malaria pre-elimination developed and implemented
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Village-based malaria surveillance and reporting

Action(s)/Intervention(s):	
<ul style="list-style-type: none"> Select and train VMWs and HF staff in malaria surveillance and reporting using existing national VMW monthly report form Monthly malaria technical supervision from health facility to VMWs using national VMW technical supervision tool Data input, verification and analysis by village 	
Geographic Coverage: Sampov Loun OD, Cambodia	
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator No Global/Regional Indicator ____, specify; __New Indicator _ <u>X</u> <u>OP17</u> Other, specify; _____	
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes ____; PPR Indicator No. ____, for reporting year(s) _____	
Is this a current Foreign Assistance Framework ("F") indicator? No <u>X</u> Yes If yes, indicator No. ____, for reporting year(s) <u>5</u> , program area/element/sub-element_	
DESCRIPTION	
Indicator Definition(s) & Unit of Measure:	
Number of villages with no reported malaria cases (all species) in last two years	
Reported malaria cases must be confirmed by either RDT or microscopy. Reports of confirmed malaria cases can be either residents or migrant cases diagnosed in that particular village by the designated VMW.	
Unit of measure: Number of villages	
Disaggregated by:	
Village with reported cases of confirmed malaria and village with no reported malaria cases and by reporting period.	
Data Collection: Patient registry prepared by VMW during malaria diagnosis and treatment services. Data collected from VMWs during monthly meeting.	
Data Source(s): Patient registry prepared by VMW	
Reporting Frequency: Quarterly, semi-annually but tracked monthly	
DATA QUALITY	
Date of Previous Data Quality Assessment & Reviewer: None	
Date of the Next Data Quality Assessment: None	
Known Data Limitations: Cases by unregistered private providers are not reported.	
Actions Taken or Planned to Address the Data Limitation: Advocate with CNM to simplify registration process; advocate with local authorities to reinforce regulations regarding private providers.	
CHANGES TO INDICATOR	
Change to Indicator: None	
Other Notes: New indicator added in Y4 of CAP-Malaria project	
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.	
It was last reviewed & approved on: _____, by: _____	

OP20: Number of villages with imported malaria cases (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas

IR5: Model for malaria pre-elimination developed and implemented
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Village-based malaria surveillance and reporting
Action(s)/Intervention(s): <ul style="list-style-type: none"> Investigate malaria cases using case investigation form and classify it as indigenous or imported cases Verify and input the case investigation data
Geographic Coverage: Sampov Loun OD, Cambodia
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator No Global/Regional Indicator ____, specify; _____ New Indicator <u>X</u> OP18 Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes ____; PPR Indicator No. ____, for reporting year(s) _____
Is this a current Foreign Assistance Framework ("F") indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s) _____, program area/element/sub- element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of villages with at least 1 malaria case (all species) classified as imported during the reporting period (annually). Imported case: If the patient is diagnosed with malaria by laboratory confirmed method (RDT or microscopy) after arriving in SPL OD for less than 7 days and prior to that he/she had at least one overnight stay in an endemic area. For <i>P. vivax</i> infection, patient must have no history of <i>P. vivax</i> malaria diagnosis within the previous 6 months. Endemic area is defined by CNM. Unit of Measure: Number of villages
Disaggregated by: Parasite species
Data Collection: Field team fills in case investigation form and data will be input into MIS.
Data Source(s): Case investigation report, MIS, patient registry
Reporting Frequency: Semi-annually
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: Some cases cannot be classified despite imported or indigenous definition above. Some cases, especially among migrants, this information may not be available for case investigation.
Actions Taken or Planned to Address the Data Limitation: Training and technical supervision for case investigation and classification. Coordinate with Thailand border provinces (if needed) to improve classification for cross-border patients.
CHANGES TO INDICATOR
Change to Indicator: None
Other Notes: New indicator added in Y4 of CAP-Malaria project

This sheet was last updated on: 14-Aug-15, **by:** Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.

It was last reviewed & approved on: _____, **by:** _____

OP21: Number of villages with indigenous malaria cases (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR5: Model for malaria pre-elimination developed and implemented
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Case investigation
Action(s)/Intervention(s): <ul style="list-style-type: none"> Investigate malaria cases using case investigation form and classify it as indigenous or imported cases. Verify and input the case investigation data.
Geographic Coverage: Sampov Loun OD, Cambodia.
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator No Global/Regional Indicator ____, specify: _____ New Indicator _ X__ OP19__ Other, specify: _____
Is this a Performance Planning and Report (PPR) indicator? No __X__ Yes __; PPR Indicator No. ____, for reporting year(s) _____
Is this a current Foreign Assistance Framework ("F") indicator? No __X__ Yes __ If yes, indicator No. ____, for reporting year(s) _____, program area/element/sub-element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: Number of villages with at least 1 malaria case (all species) classified as indigenous during the reporting period (annually). Indigenous case: A SPL resident patient having no history of traveling in malaria endemic area outside SPL OD or a patient is diagnosed with malaria after arriving and staying in SPL OD for more than 21 days, he/she is classified as an indigenous case. Among all malaria cases, the patient is diagnosed with malaria by laboratory confirmed method (RDT or microscopy), and patients had no prior history of at least one overnight stay in an endemic area outside of SPL OD in the previous 7 days. For <i>P. vivax</i> infection, the patients must have no history of <i>P. vivax</i> malaria within 6 months from outside SPL OD. Endemic area is defined by CNM. Unit of Measure: Number of villages
Disaggregated by: Parasite species
Data Collection: Field team fills in case investigation form and data will be input into MIS.
Data Source(s): Case investigation report, MIS, patient registry.
Reporting Frequency: Semi-annually
DATA QUALITY

Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: Some cases cannot be classified despite the above definitions of imported and indigenous cases.
Actions Taken or Planned to Address the Data Limitation: Efforts will be made to minimize the unclassified group that will be analyzed separately.
CHANGES TO INDICATOR
Change to Indicator: None
Other Notes: New indicator added in Y4 of CAP-Malaria project
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP22: Percentage of malaria cases notified within 24 hours (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR5: Model for malaria pre-elimination developed and implemented
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): case notification
Action(s)/Intervention(s): <ul style="list-style-type: none"> • Training of VMW and health facility staff on SPL SOPs • Case notification through SMS or calling by VMW or health facility staff
Geographic Coverage: Sampov Loun OD, Cambodia
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator No Global/Regional Indicator ____, specify;__ New Indicator <u>X</u> <u>OP20</u> Other, specify;_____
Is this a Performance Planning and Report (PPR) indicator? No <u>X</u> Yes ____; PPR Indicator No. ____, for reporting year(s)_____
Is this a current Foreign Assistance Framework (“F”) indicator? No <u>X</u> Yes ____ If yes, indicator No. ____, for reporting year(s)_____, program area/element/sub- element_____
DESCRIPTION

Indicator Definition(s) & Unit of Measure:	
Percentage of malaria cases notified within 24 hours	
$OP22 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$	
<p>Numerator: Number of laboratory confirmed malaria cases notified by VMWs to the designated health facilities by SMS or phone call within 24 hours from the time of diagnosis.</p> <p>Denominator: Number of laboratory confirmed malaria cases detected by VMW and HF</p> <p>Malaria cases detected is defined as case with confirmed diagnosis by RDT/microscopy by service providers</p> <p>Unit of measurement: Percentage of (laboratory confirmed) malaria cases</p>	
Disaggregated by: None, but data can be sub-analyzed to individual VMW level.	
Data Collection: VMW and HF staff will send SMSs to central server for case notification. The central server will share this information to all registered stakeholders.	
Data Source(s): CNM SMS records, MIS	
Reporting Frequency: Weekly reporting for local use; quarterly progress and semi-annually	
DATA QUALITY	
Date of Previous Data Quality Assessment & Reviewer: None	
Date of the Next Data Quality Assessment: None	
Known Data Limitations: In SPL, patients with suspected malaria cases who access private providers are not captured in this indicator,	
<p>Actions Taken or Planned to Address the Data Limitation: Case notification through SMS or call and the date recorded by VMWs or record of received calls by health facility staff at health center can be compared with the date of diagnosis on the patient registry. Comparison can be done on MIS with verification of paper source document. A PPM system should be in place to encourage systematic referral and tracking all suspected malaria cases by private providers and health facility providers. For those private providers participating in the PPM program, suspected patients are referred to the nearest VMWs or health facilities.</p> <p>Notification of cases relies on cellular signals for timely notification, which can be a challenge in the border areas. VMWs are provided with reimbursement of phone or SMS charges to encourage timely notification.</p>	
CHANGES TO INDICATOR	
Change to Indicator: None	
Other Notes: New indicator added in Y4 of CAP-Malaria project	
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.	
It was last reviewed & approved on: _____, by: _____	

OP23: Percentage of malaria cases investigated within 3 days (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR5: Model for malaria pre-elimination developed and implemented
Sub-IR No. & Name: None





Name of Project: Control and Prevention of Malaria (CAP-Malaria)
Activity(s): Develop case notification form and introduce it
Action(s)/Intervention(s): <ul style="list-style-type: none"> Consultative meetings with NMCP/RDMA to develop case investigation forms and SOPs Introduce the relevant forms and SOPs to SPL OD with appropriate training and monitoring
Geographic Coverage: Sampov Loun OD, Cambodia
Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator No Global/Regional Indicator ____, specify; ____ New Indicator _X_OP21__ Other, specify; _____
Is this a Performance Planning and Report (PPR) indicator? No _X_ Yes ____; PPR Indicator No. ____, for reporting year(s) _____
Is this a current Foreign Assistance Framework ("F") indicator? No _X_ Yes ____ If yes, indicator No. ____, for reporting year(s) ____, program area/element/sub- element _____
DESCRIPTION
Indicator Definition(s) & Unit of Measure: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> $OP23 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$ </div> <p>Numerator: Number of laboratory confirmed malaria cases reported in SPL OD investigated by designated health staff within 3 days from the date of diagnosis</p> <p>Denominator: Number of laboratory confirmed malaria cases reported by service providers (health facilities and VMWs) in SPL OD</p> <p>Malaria cases detected is defined as case with confirmed diagnosis by RDT/microscopy by any service providers in SPL OD.</p> <p>Unit of measurement: Percentage of (laboratory confirmed) malaria cases</p>
Disaggregated by: None, but data can be sub-analyzed by health facility.
Data Collection: Designated health facility staff conducts case investigation using case investigation forms with record of investigation date, which will be compared with the date of diagnosis on the patient registry. Comparison can be done on MIS with verification of paper source document.
Data Source(s): Case investigation report, MIS, patient registry
Reporting Frequency: Weekly reporting for local use; quarterly progress and semi-annually summary
DATA QUALITY
Date of Previous Data Quality Assessment & Reviewer: None
Date of the Next Data Quality Assessment: None
Known Data Limitations: In SPL OD, patients with suspected malaria cases who access private providers are not captured in this indicator. Timely investigation may be affected by ability of VMW/HFs to notify.

<p>Actions Taken or Planned to Address the Data Limitation: A PPM system should be in place to encourage systematic referral and tracking all suspected malaria cases by private providers and health facility providers. For those private providers participating in the PPM program, suspected patients are referred to the nearest VMWs or health facilities.</p> <p>Notification of cases relies on cellular signals for timely notification, which can be a challenge in the border areas. VMWs are provided with reimbursement of phone or SMS charges to encourage timely notification.</p>
CHANGES TO INDICATOR
Change to Indicator: None
Other Notes: New indicator added in Y4 of CAP-Malaria project
This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.
It was last reviewed & approved on: _____, by: _____

OP24: Percentage of malaria cases responded to within 7 days (Sampov Loun, Cambodia)
Goal: To reduce malaria morbidity and mortality rate and to prevent the spread of drug-resistant malaria in CAP-Malaria target areas
IR5: Model for malaria pre-elimination developed and implemented
Sub-IR No. & Name: None
Name of Project: Control and Prevention of Malaria (CAP-Malaria) Cambodia
Activity(s): Organizing timely response to malaria cases
<p>Action(s)/Intervention(s):</p> <ul style="list-style-type: none"> Organizing timely response to malaria cases at household level after notification of cases. Screening all household members of the index case and treating all confirmed malaria cases Topping-up LLINs if gap was identified and providing IPC messages for up to 9 surrounding households.
Geographic Coverage: Sampov Loun OD, Cambodia
<p>Origin of indicator: Existing PMP Indicator ____ Existing Project Indicator No</p> <p>Global/Regional Indicator ____, specify; _____ New Indicator _</p> <p>X_OP22_ Other, specify; _____</p>
<p>Is this a Performance Planning and Report (PPR) indicator? No __X__ Yes ____; PPR</p> <p>Indicator No. _____, for reporting year(s) _____</p>
<p>Is this a current Foreign Assistance Framework (“F”) indicator? No __X__ Yes If yes,</p> <p>indicator No. ____, for reporting year(s) _____, program area/element/sub-element _____</p>
DESCRIPTION

<p>Indicator Definition(s) & Unit of Measure:</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> $OP24 = \frac{\text{Numerator}}{\text{Denominator}} \times 100$ </div> <p>Numerator: Number of laboratory confirmed malaria cases in which designated health staffs conduct malaria control responses within 7 days from the date of diagnosis</p> <p>Denominator: Number of laboratory confirmed malaria cases reported by any service providers (health facilities and VMWs) in SPL OD</p> <p>Malaria cases detected is defined as case with confirmed diagnosis by RDT/microscopy by any service providers in SPL OD.</p> <p>To be included in the numerator, the following responses must be implemented and recorded: screening of household members of the index cases or close contacts, IPC/health education and LLIN census and top-up of gaps for up to 9 households surrounding the index household.</p> <p>Unit of measurement: Percentage of (laboratory confirmed) malaria cases</p>
<p>Disaggregated by: None, but data can be sub-analyzed by health facility.</p>
<p>Data Collection: Response team fills in response form and data will be input into MIS.</p> <p>Designated health facility staff, along with CAP-Malaria staff, conduct malaria control responses according to SOPs, and summarize activities in the Response report form with the response date, which will be compared with the date of diagnosis on the patient registry. Comparison can be done on MIS with verification of paper source document.</p>
<p>Data Source(s): Response report, MIS, patient registry</p>
<p>Reporting Frequency: Monthly reporting for local use; quarterly progress and semi-annually summary</p>
<p>DATA QUALITY</p>
<p>Date of Previous Data Quality Assessment & Reviewer: None</p>
<p>Date of the Next Data Quality Assessment: None</p>
<p>Known Data Limitations: In SPL OD, patients with suspected malaria cases who access private providers are not captured in this indicator. Timely investigation may be affected by ability of VMW/HFs to notify.</p>
<p>Actions Taken or Planned to Address the Data Limitation A PPM system should be in place to encourage systematic referral and tracking all suspected malaria cases by private providers and health facility providers. For those private providers participating in the PPM program, suspected patients are referred to the nearest VMWs or health facilities.</p> <p>Notification of cases relies on cellular signals for timely notification, which can be a challenge in the border areas. VMWs are provided with reimbursement of phone or SMS charges to encourage timely notification.</p>
<p>CHANGES TO INDICATOR</p>
<p>Change to Indicator: None</p>
<p>Other Notes: New indicator added in Y4 of CAP-Malaria project</p>
<p>This sheet was last updated on: 14-Aug-15, by: Regional M&E Director, Regional M&E Advisor, DCOP, Chansuda Wongsrichanalai (STTA), and COP.</p>
<p>It was last reviewed & approved on: _____, by: _____</p>

7. ANNEX 2 DATA QUALITY ASSESSMENT CHECKLIST

<i>Level</i>	RDQA tools
<i>National level</i>	 Annex A RDQA tool-National level.pdf
<i>Provincial/Regional level</i>	 Annex B RDQA tool-Regional-state le
<i>District/Township level</i>	 Annex C RDQA tool-Township level.p
<i>Service delivery point level</i>	 Annex D RDQA tool-service delivery i